STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1-	STATE REGISTRAR		MED	DICAL EX	AMINE	R'S CEI	RTIFIC	ATEO		76	NO			
		CEASED NAM	F FIRST	77120	WIDDIE		LAST		71120		REG.		THE DAY	YEAM	2b. HOUI
		E OR PRINT)	Melvi	n Richar			nerma	n,	Jr.		OF ESTI- DEATH MATED	XX :	5-18 ,	, 84	1
	3. SEX	(4. RACE	5. DATE OF BIRTH		AGE (IN YEARS.	IF UNDER		F UNDER		2c. DATE PRONOUNCED	MÓNT	H DAY		2d. HOU
	Mi	file	White	March 3		19 YRS.	MONTHS	DAYS	HOURS	MIN.	DEAD	ŗ	5-18	19 84	g:20
20		RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY	(2)	MARRIED	□ NEV	ED AA A DD IS	- Tar	9. BALTIMORE CIT	Y OR COL			
9	FOI	Maryla	and	US	S A		VIDOWED	_	DIVORCE	-	Frederic	k Co	untv.		AAT
9	3D. CI	TY OR TOWN		11. NAME OF HOSE	PITAL, NURSIN	NG HOME, O				12a. USU	AL OCCUPATION		RK 12b. KINI	D OF BUS	INESS
	F	rederio	rk	E. Patri			ane				borer- Br	idge		industr	1
1	USUA	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFO	ORE ADMISSION)		Inches ar	W 1 1441760				74		
2	M	aryland		erick	13c. CITY OR Mt.	Airy	Y	ES 🗌	NO 🛣		5506 Detr	ick I	Rd. 2	21771	
21	14. FA	THER'S NAME		MIDDLE	LAST		_	FIF	R'S MAIDE		MIDDLE			AST	
C		Melv		ichard		rman,			Geral	dine	Ruby		Kidd	[
1		ES. NO. OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		SECURITY N		INFORM			ADDR		_		
		No			212-	94-192	4 2	eTAT:	n Kic	hard	Ausherma	n, Sr		tem	
		18. CAUSE C	F DEATH (Enter of	nly ane cause per line	far (a), (b), an	nd (c).)							BETWE	EEN ONSET	AND DEATH
		PARITUR		TE CAUSE (a)	I	Hanging	T								
		75.	30		AS A CONSE	QUENCE OF									
			ns, if any, which ise to immediate												
		cause (a) stating the <u>under</u>		AS A CONSEC	QUENCE OF									- 50
		lying cas	use last.	(c)											
	_	PART 2 OTHER 5	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED	TO THE TERMINAL	L DISEASE OR	CONDITION	GIVEN IN PAR	IT 1 (a).					
+	CERTIFICATION	19 DATE OF	OPERATION	Ties CONDIT	ION FOR WH	ICH OBERATI	24/4/40	DEDECORA	4ED2				lan	ITORCVO	
1	S	170 DATE OF	OFERATION	148 CONDII	ION FOR WIT	ICH OPERALI	ION WAS	PERFORM	VED?					JTOPSY?	
	R	SI EVERNI	AL CAUSE WAS	AU VIII 05	INJURY ES									ES 🗌	ио ХХ
2		UNDERLYING	6 mm at	HOUR A.M.	MONTH DA	AY YEAR	ZIc. HOW	INJURY (DCCURRE) (ENTER N	NATURE OF INJURY IN ITEM	19 PART 1 OF	R PART 2)		
1	CA	CONTRIBUTI	NG CAUSE OF		5-18	19 84			hung	hims	elf				
	MEDICAL	21d INJURY O		STREET FACTO	OF INJURY (/	AT HOME,	21f. LOCAT STREE				CITY OR TOWN		COUNTY		STATE
4		AT WORK	NOT WHILE	Const	ruction	n site	E. P	atri	ck &	Shaw	s Lane, Fr	eder:			
Н		220 1 certs	ify that I taak char	ge of the remains desc	ribed abave,	held an	Autapsy		Inspection	X.	Inquiry ,	and in my		.,Ma.	
		death result	red frend: Natu	oral causes . /	Accident] Suicid	le X,	Homici		-	ermined manner	٦. أ			
			16	201	A .	12		TITLE (SP			14				
3		ACTUAL	leur	es IX mi	e Mr.	1an		_ ' •	stant	MEDI	ICAL EXAMINER	DA	TE 5-	-18-8	34
1	1	SIGNATORE			7								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1		EXAMINER'S (TYPE OR PRI	NAME DE	ennis F. Sr	pyth, N	1.D.	ADI	DRESS	1	.11 P	enn Stree	:t			
	23a. Bl	URIAL, CREMA	TION, REMOVAL	23h DATE		AE OF CEMET	ERY OR C	REMATO	RY	23d. LO	CATION	C	COUNTY	STA	TE
	,,	Buria	1	May 21,198	4	Mt. 01	ivet	-		F	rederick.	Fre	ederic		Md.
		INERAL DIREC	TOP	TADORESS		Q-h-F	44,	2	Sa. DATE R	EC'D. BY	REGISTRAR 250, R	David A	SSIGNATIV	1500	
		OTTU P	. MOTERM	orth, Pooress	, Dama	scus,	Md.	_	MAY	24	1984			4	

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DHMH - 17 (VR A15 ME (5)) 20M 4/82

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nding physician and campletely filled in by the corbanpopers. Pages 1 and 2 should be filed

ury, or other troumatic event, th

CERTIFICATION

MEDICAL

should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

MPORTANT: If them 21 is morked or Item

FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. NO.	3 /	5 8
DECEASED NAME (TYPE OR PRINT)	FIRST Eva	۸	F.		BAKER	May 8, 1984	DAY YEAR	25. HOUR 8:30 A
Female		4. RACE White		5. DATE C	ревитн b. 18, 1904	6. AGE (IN YEARS LAST BIRTHDAY) 80	MONTHS DAYS	
Maryland	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	VV	9. BALTIMORE CITY OR COU		MD
Frederick	ATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET A DO PEMBEO		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	IG LIFE) 125. KIND C INDUSTRY H (OF BUSINESS OR
USUAL RESIDENCE (IF NUR. 130. STATE Maryland	113b. COU		GIVE RESIDENCE BEFORE 13 CITY OR TOWN Frederi		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 8200 Pembro		1701
4. FATHER'S NAME FIRST Jesse		MIDDLE	Brow	n	15. MOTHER'S MAIDEN NA		Hobbis	ST S
(YES, NO OR UNKNOWN)	(IF YES, GI	RMED FORCES? IVE WAR OR DATES! TONE	166 SOCIAL SECU		17. INCOMANTE. BI	own 7936 Worman Md. 21701	ns Mill F	Road
18 CAUSE OF DEAT PART I. DEATH V	VAS CAUS	ED BY: ATE CAUSE (a)	line for Ia), (b), and	iac	Anex		APPROX BETWEEN T/S	XIMATE INTERVAL HONSET AND DEATH
Canditions, if any gove rise to im cause (a), stoti underlying cause	mediate ng the last.	(c)	R AS A CONSEQUE					
PART 2. OTHER SIG	MIFICANT	CONDITIONS CO	NIKIBUTING TO D	PEATH BUT	NOT KELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART TI	0:

19a. DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22a Legetify that (1) This haspital)	attended the deceased from Fa	1- 10 /28	to May	8 19.84	that (1) (we) to

saw the deceased glive as Aud 27 above, (1) (we) (did) (did not) view the body after deat in (my) (aur) apinion death accurred on the date and haur and from the causes stated DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Willis J. Riddick

Parkview Medical Center Frederick, Md.

(SPECIBURIAL	мау	11,	1984	Mt.	Olivet	vem.	Frederick,	Frederick,	Md.
23a. BURIAL, CREMATION, REMOVAL		11			CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	STAT

²⁴ FUNERAL DIRECTOR, Keeney & Basford, Funeral Home 106 East Church Street, Frederick, Md. 21701 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR'S SH

DHMH - 16 50M 4/83

FUNERAL DIRECTOR

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San Saller	roderich, reder	Sept towa	i and the contract of	5 7	Laker

executed within 24 hours after death. Page 4 may be

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NO.	1 3	3 /	5	
OF DEATH	HINOM	OAY	YEAR	26. H	OUR

۱.	FOR STATE REGISTRAR			DEPARTM		EALTH AND A		IENE 8	REG. NO	-	3 /	5	9
	CEASED NAME OR PRINT)	FIRST RY	E/1	2.17be	Th	BA	ants	20. DATE OF			DAY YEAR	26. HC	DUR
3. 5E	х	/ 4	RACE		5. DATE O		VE AD	6 AGE INYE	ARS LAST BIRT		ONTHS DAY		ER 24 HRS
2	Female		White		10	21	24		59	YRS.			
	IRTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF WHAT	OUNTRY?	8. MARRIEI	D NEVERA	ARRIED	9. BALTIMO	RE CITY O	R COUNTY	OF DEATH	_	
M	aryland		U.S.A.		WIDOWE	D D	ORCED 🛣		rede	rick			MD.
10. C	21791N OF DEAT	Н 1	 NAME OF HOSPITA (IF NOT IN SUCH FACILITY 			R OTHER INST	ITUTION	12a. USUAL C				OF BUSIN	VESS OR
	ederick		Frederic	K Mem	oria	1 Hos	pital	tech			bic		coducts
13a. S	aryland	36 COUNT	ther institution, give reserved. Y 13c. CA erick Woo	21 798 odsbo	ro	13d INSIDE C	NO 💽	13e.STREET A		zip code	ine E	17	98
14. FA	ATHER'S NAME	MI	DDLE	LAST			MAIDEN NA/	ME	MIDDLE	-		LAST	
	John		W.	Fogl	e :		Mary		Grac	e	Ke	enev	<i>z</i>
	WAS DECEASED EVER IN		ED FORCES? 166 SC	CIAL SECUR	ITY NO.	17. INFORMA	NI		ADDRE	SS			
	No	non	- 12	-12-10	80	G. Joh	ın Har	מי	W	oodsl	oro.	MD	
CERTIFICATION	Conditions, if any, gove rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	which ediate the last.	DUE TO, OR AS A (CONSEQUEN	NCE OF			INAL DISEASE 200 AUTO YES		20b. IF YES, IN CERTIF	WERE FINITY WING CAUS	DINGS US	ATH?
	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME OF INJUR HOUR A.M. MI	RY ONTH DAY	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NAT		Y IN ITEM TB. PA	ART I OR PART 2		
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E	21e. PLACE OF INJU (AT HOME_STREET, FACT		RM, ETC)	211 LOCATIO	N		CITY OR TO	WN	COUNTY		STATE
	22a.1 certify that (1) (1 saw the deceased	this hospito I alive on _ d) (did not)	view the body ofter de	19		DEGREE	TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF	te and hour			stoted
	BURIAL, CREMATION, R (SPECIFY) Burial	EMOVAL	236. DATE 5/16/84	ROC N		EMETERY OR C		near Woo	RIOWN	T OT	county		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

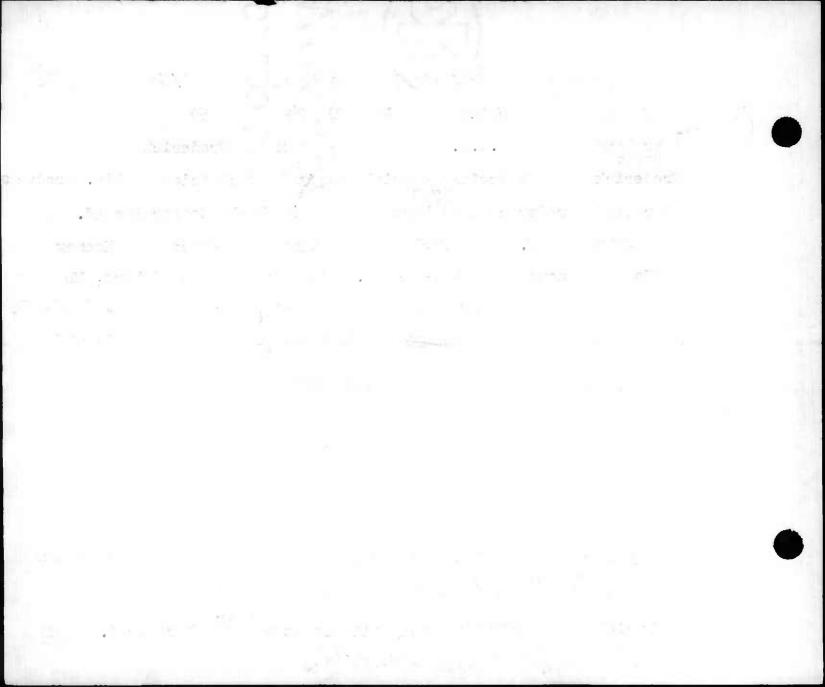
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other troumatic event, the medical 🐑

IMPORTANT: If Item 21 is marked ar Item 18 shows any

BY REGISTRAR 259 REGISTARY SIGNATURAL TO THE PROPERTY OF THE P 250. DATE REC'D.

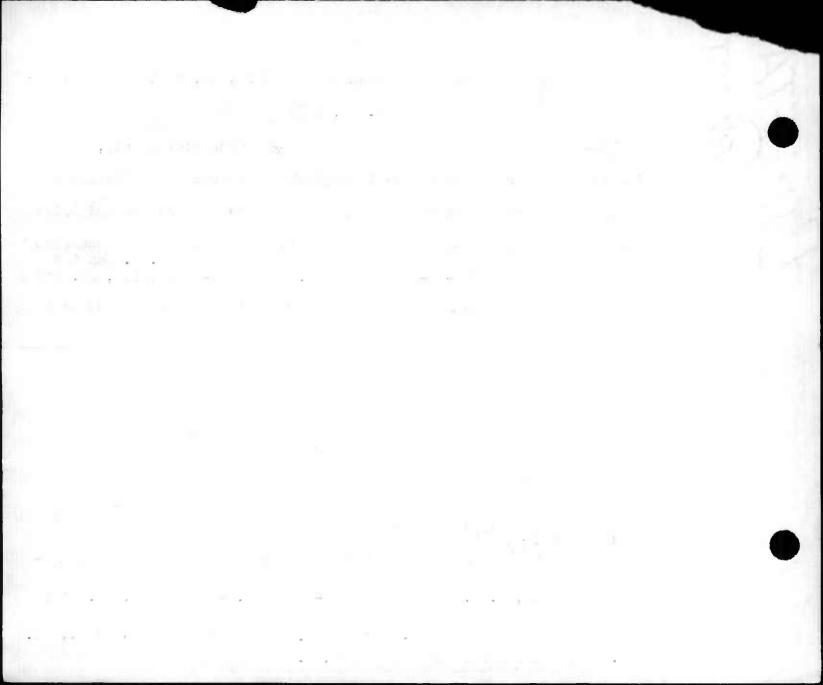


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2	OUTS	
2	4	
DIVISION OF VITAL RECORDS, ACT W. TRESTON ST., BALLINGER, MANIFERING ALLO	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of	
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	FOR STATE REGISTRAR			DEPAR	CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	8 4	REG. NO		3 /	6	0
£	1. DECEASED NAME (TYPE OR PRINT)	FIRST					2a DATE OF			DAT TE		HOUR
er death	3. SEX	James	4. RACE	arence	5. DATE (eaner	AGE INYE		-	# UNDER 1		:30 PM
afte	Male			_		24, 1898	86					HOURS MIN.
10	BIRTHPLACE (ST	ATE OR FOREIGN	Negr	WHAT COUNTRY	2 8		9 BALTIMOR	RE CITY O	YRS.	OFDEAT	н	
A YOU	COUNTRY) Maryla		US		MARRIE	D NEVER MARRIED . DIVORCED &			k Cou			MD
17	0. CITY OR TOWN O		(IF NOT IN SUC	H FACILITY, GIVE STREE	ING HOME (OR OTHER INSTITUTION	120 USUAL C	CCUPATK	ON	12b. KII		BUSINESS OR
file file	Frederic					L Hospital	Labor	rer		Rai	lro	ad
completely filled in by the constant of the co	USUAL RESIDENCE	13b COU	VTY	13c CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET A					1160
show and	Maryland 14 FATHER'S NAME	Fre	derick	Brunsw	1CK	YES NO I		J Pea	ch Or	renar	a L	rive
wood 2	FIRST		MIDDLE	TAST TAST		Annie		MIDDLE A Vini		De	LAST	eton
	Jame 160 WAS DECEASED		Henry	Beane		17. INFORMANT	ابلا	ADDRE	SSP. () Ro	mul	32
Pages 1	(YES, NO OR UNKNOW	WN) (IF YES, GI	/E WAR OR DATES)	705-10-	2622	Anna L. Sm	othere					
ers. i		DEATH (Fater or	nly one couse per			Aillia D. Di	Otherb	- 1111	UAVI.			TE INTERVAL SET AND DEATH
pnys pop novo ent,	PART I. DE	ATH WAS CAUSE	D BY	METANE	THISTA	TIC OMROINOM	A OF	COLA	N			MOS
ar rer	15	2 9 MANEDIA	TE CAUSE (o)									
ave carbo ave carbo itian, ar re aumatic e	Conditions, i	f ony, which	(ib)	R AS A CONSEOL	JENCE OF							
y the a se rema cremat	couse (a),	stating the	DUE TO, OF	R AS A CONSEO	JENCE OF							
hen plea ta burial, ijury, ar a		RSIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MIN AL DISEASE	OR CONE	DITION GIV	EN IN PAR	RT Iro	
nas been si permit. The sne prior ta	190 DATE OF C	PERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	IN CERTIF	S, WERE FI	JSES OF	S USED F DEATH?
rriol-fransit entol Hygie	21a. ACCIDENT V		21b. TIME O		DAY YEAR	21c. HOW INJURY OCCU						
ntol tr	OR CONTRIBUTIN	G CAUSE OF DE	AIH		19							
this c	(IF EITHER NOTE		21e PLACE (OF INJURY	FARM ETC }	211. LOCATION STREET		CITY OR TO	WN	COUNT	Y	STATE
os that	AT WORK	NOT WHILE				7		-	16	gal		
of Heal			ot) view the body	11/	C I	nd that in (my) our) apinion	death accurred	d on the do	ate and hou	19 <u>0</u> 1		(t (li)(we) lost uses stated
detached for us are Dept of He VI: If Hem 21 is	22b SIGNATU		T I O	atter degin.		DEGREE			-	22c. D	ATE SK	GNED
State D State D ANT: If		W.	My Sa	4			MEDICAL DIRECTOR [PHYSIC	IAN 🗌		113	8184
or the transfer of the transfe		N'S NAME (TYPE	er, M.	D		22: ADDRESS 610 - 9th	120	Baur	arri ol	le Me		21716
o de y M	23a BURIAL, CREMA				NAME OF C	EMETERY OR CREMATORY	123d LOCA		TOWICI	FIC		. 17 10
	(SPECIFY)	, NEMOTAL					CITY	OR TOWN	-	COUNTY		STATE
	Burial 24. FUNERAL DIRECT		5/19/		t. Mo:	riah Cem 250. DA	TE REC'D. BY RE	GISTRARI	25b. REGIST	RAR'S SIG	NATUR	Md.
50M 4/B3 15, 4)			s Funer	al Home	Brun	swick, Md. MA	122 19		chia Dav	idson-	Pand	ملاك

DHMH - 16 50M 4/B3 (VRA 15, 4)

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Electron matrices of 1891 19 YAM - 5-45

completely filled in by the fune s 1 and 2 should be filed within 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

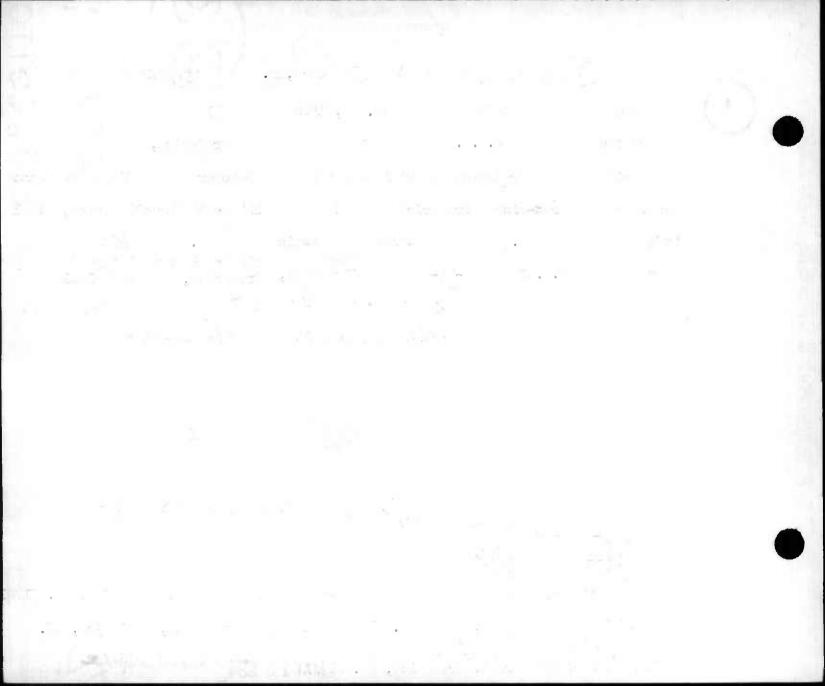
	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND. BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4 REG. N	3	1	6 2
		CEASED NAME OR PRINT)	es.	se d	Donal	0	Boongs	20. DATE OF DEATH	5/13/	84	26. HOUR 40 A
	3 SE	Male		RACE Whi	te	5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF U MON	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	i	RTHPLACE (STATE OR F		U.S	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OF Freder	rick,		MD.
14	F	ty or town of dea rederick		Frede:	rick Memo:	rial	or other institution Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Laborer	OF WORKING LIFE)	INDUSTRY	overnment
a de la companya de l	13a. S Ma	AL RESIDENCE (IF NURS STATE ATYLAND THER'S NAME	13b. COUN		Frederic	V	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 214 South		Stre	et, 21701
1/		Roy	A	E.	LAST	Boone	FIRST	B.		rling	
medical		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECUI 216-14-690		mily Boone,	214 South		nd 21	701
ury, ar ather froumotic event, the		18 CAUSE OF DEATI PART I. DEATH W Gonditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate ig the last.	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE	NCE OF	or arr	est- built d	eseas	31	MATE INTERVAL INSET AND DEATH) MM MAS
South injury.	CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	ITION FOR WHICH		NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES \(\text{ NO (X)}	206. IF YES, W IN CERTIFYIN YES [ERE FINDIN IG CAUSES	IGS USED
d or litera 18 s	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
Item 21 is marked or Item	_	WHILE NOT WHAT WORK 220 I certify that (I) sow the decease above, (I) (we) (c	(this hospited olive on_	al) attended th	e deceased from	, ai	nd that in (my) (our) apinion (death occurred an the c	12, 19. date and hour on		
TANT.		226. SIGNATURE	ul.	MANI O	500		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	AFF CIAN []	22c DATE	SIGNED
808. 		1.4	140	leg !	MO		Parkview Me	dical Cente	er, Fred	erick	, Md. 2170

DHMH - 16 50M 4/B3 (VRA 15, 4)

236 BURIAL CREMATION REMOVAL

Smith, Reeney ar

Mt. Olivet Cemetery



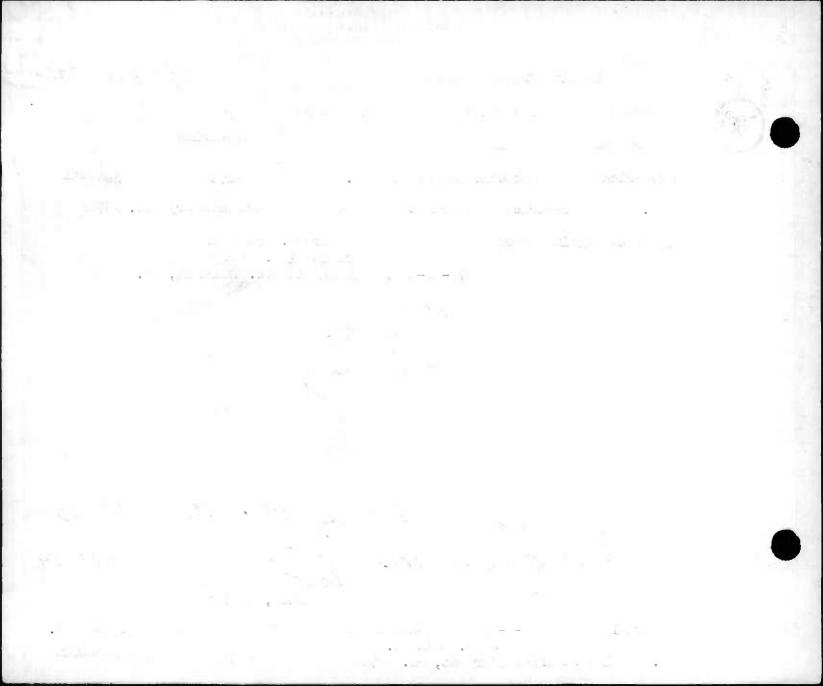
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	10.	3 /	6 3
l	1 DECEASED NAME FIRST Pauline		Bowers	I.	AST	20. DATE OF DEATH	MONTH D.	84	26. HOUR 9:45 A M
Ì	3 SEX	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BE	ATTION OF	IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	Female	Cacausia	an	Marc	h 29° 1899°	85	YRS	DATS	HOURS MIN.
4	BIRTHPLACE STATE OF FOREIGN COUNTRY) Maryland	76. CITIZEN OF W	/HAT COUNTRY?	8 MARRIEI WIDOWE	DI NEVER MARRIED	9. BALTIMORE CITY OF Frederic	R COUNTY	OF DEATH	MO
A	M CITY OR TOWN OF DEATH Frederick	11. NAME OF HO	OSPITAL, NURSIN FACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Nurse			of Business or
7	ISUAL RESIDENCE IF NURSING HOME OR 136. STATE 13b. COUN Frede	other institution, of try crick	Thurmon	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 108 Bounda	/ ZIP CODE ry Ave	. 2178	8
	Clarence Calvin	Bowers	LAST		Laura M.	Freshman		IAS	51
-	ING. WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17MrsRMEthel A.			or of many and and	
1	No		579-44-1	4099	38 Summit A	re. Thurmon	t, Md.		IMATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE CANADA	(c) CONDITIONS CO	AS A CONSEQUE	EATH BUT		INAL DISEASE OR CON		EN IN PART 10	
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES	YING CAUSES	
ì	OR COMPRESSION CAUSE OF DE	TH HOUR A.A	A. MONTH DA	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	(RT I OR PART 2)	
	GRECONTRIBUTING CASSE OF BEA	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a certify that (1) (this hasping sow the deceased live on abave (1) (ye (did)) did no			3/3	nd that i (my)(aur) opinian	death occurred an the	date and hour		
	226. SIGNATURE	mm	m 1		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		5/c	31/84
	C. WINNA				Frederick	s Johnson I Md 21701	rive		
	23a BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	6-2-84			idge Cemetery	Thurmon		derick	
	G. Douglas Stau		E. Main		LILIAL	8 1984 g	11. 1.	don-Por	1.00

G. Douglas Stauffer Thurmont, Md. 21788

DHMH - 16 50M 4/83 (VRA 15, 4)



1				STAT	E OF MARYLAND			
		FOR STATE REGISTRAR		CERTIF	HEALTH AND MENTAL HYG	REG. NO		164
		CEASED NAME FIRST	WIDDLE	0-	iAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		EMORY	MAURICE	12 KA	NDENBURG	MA4 4	,1984	1 iropn
	3. SEX		4. RACE	5. DATE (6 AGE (IN YEARS LAST BIR	THOAY) IF UNE	DER 1 YEAR IF UNDER 24 HRS
		Male	White	Jan		80	YRS.	
24		OUNTRY)	76. CITIZEN OF WHAT COUNTI	RY? 8.	D MEVER MARRIED	9 BALTIMORE CITY O	_	EATH
14		Md.	U.S.A.	WIDOWI		Frederi		MD
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST O	ON 12	DUSTRY THE
7/1	1	Frederick	Frederick 1	iemori	al Hospital	farmer		owner
3	USUA 13a S		JNTY 13L CITY OR T		13d. INSIDE CITY LIMITS? YES NO	79164 Ho		21769
10	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		110	LAST
11		MAURICE	C. BRANDE	VBURG	MARTHA	MIDDLE	T	BUSSARD
7		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SI		17. INFORMANT	ADDRE	SS	21769
	(4	ES NO OR UNKNOWN) (IF YES, C	220-31	1-2385	Edna Brand	enburg M	iddleto	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF	disctinist mate		DITION GIVEN IN	PAOT Los
	Z O	TANT 2. OTTER STOTAL TEAT	CONDITIONS CONTRIBUTION	O DEATH DO	THO TREE TO THE TENN	IN ALDISEASE ON CON	DINOT ON ETT II	TAKE TO
9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TS PART TO	R PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn c	OUNTY STATE
	Г	saw the deceased alive a	on 4 As 19 not) view the body after death.	0.11	nd that in (my) (our) opinion	to 4 h A	ote and hour and	from the couses stoted
		22b. SIGNATURE	Carle 1	4.		MEDICAL STAI DIRECTOR PHYSIC		4 MAY 191
1		Dr. Geor		fr.	Prederic	ck, Md.	21701	

BP. DHMH - 16 50M 4/83 236 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial May 7,19
24 FUNERAL DIRECTOR
Thompson Funeral Home

23b. DATE

(VRA 15, 4)

TO HOSPITAL OR ATTEN

23c. NAME OF CEMETERY OR CREMATORY Reformed Cem. 21769 Middletown, Md. May 7,1984

23d LOCATION
CITY OF LOWN
Middletown

Fred.

Md MAY 1 4

dale date Jon. 30. Soft 80 ... Propertica Co. Trederick | Trederick Honordal Hospital | Introne Mid-lebourn of Toler and the state of the owner of the ARTHAM DEFINITION OF STREET 220-31-2365 Rome Brendenburg alde above, 125.

to meete I. Satta Jr. Precenter, Md. 21757

The state of the s

OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours other

retained by the haspital or attending physician

TO HOSPITAL

BP. DHMH - 16 50M 4/ (VRA 15, 4)

1. DECEASED NA	ME FIRST		MIDDLE	ı	AST DEATH	REG. NO	MONTH DAY	YEAR 71
(TYPE OR PRINT)	Man	Jac	eob F	Bucha	man Sr	5	- 7-	849
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Freder	ck	Fred	CHEACILITY, GIVE STREET	Memal	mal Hospital	(TYPE OF WORK FOR MOST OF Farmer		126 KIND OF E
USUAL RESIDENCE 130 STATE Marylar	d Fred		130. CITY OR TOV		13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS /	ZIP CODE VILLE RO	1., 217
14 FATHER'S NAME FOR THE BEST	enjamin Al	exander	Buchana	n	15. MOTHER'S MAIDEN NA Dottie	obelia MIDDIE		Good
160 WAS DECEAS	SED EVER IN U.S. ARA	MED FORCES? E WAR OR DATES)	166 SOCIAL SECT 225-05-3		17 INFORMANT	ADDRE	490	9 Ijam
	OF DEATH (Enter onl				Mrs. Mary Fra	inces buchan	Tjan	APPROXIMA BETWEEN ON
PART I.	DEATH WAS CAUSED	D BY:	0		100000	dominal w	all	24
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	over the state of		OR AS A CONSEQU	0	ngreue as	a contigat		
gave rise	o, if any, which to immediate the interest the	DUE TO, O		JENCE OF	ngreve as	a a migal		
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7 , Allen Just Freder Frederick The Day of the State of the Sta and the state of t Territor, Wildeline at Coll E TE sillraming - Statebory - Desironal Tool all-da stated member value of mineral Note 1 221-0-364 Pire. Page Listers Recognition of the and that retail to some it would be selected 5-2-84 The the representation of the secretary and the second FIG. 43 FIG. 3 ASH 101-1, 43 FIG. 3 (A) OOUNG THE North Land A Comment Child Buth outsteen members without without agreement that the contract of the and M. - can be builded one of the self local

. 1	1	FOR - STATE REGISTRAR		T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	8 4	13/66
o o o o o o o o o o o o o o o o o o o		ECEASED NAME FIRST ECORPRINT) BETTY	CATHERINE J	BUTURR	REG. NO.	100 18 84 4:11 AM
ge 4 may	3. S	KMDLE	4. RACE 5.	July 3, DAY 1921 YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
deoth. Pogo		inthplace (state or foreign country) Maryland	U.S.A. w	MARRIED A NEVER MARRIED DIVORCED DIVORCED		ck County, MD
by the titled with	Æ	rederick	11. NAME OF HOSPITAL, NURSING H TENOT IN SUCH FACILITY, GVY STREET ADDR Frederick Memori	ial Hospital	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Homemake 1	
in 24 hou y filled in thould be	130.	Maryland Fre	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADM NTY 136. CITY OR TOWN Defferson	134 INSIDE CITY LIMITS? YES NO		erson Pike, 21755
d with	1	ATHER'S NAME FIRST Edward	T. Baumgardner	15. MOTHER'S MAIDEN NAM	WIDDLE	Unknown
n and car Pages la	160.	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT		Y NO. 17. INFORMANT		efferson Pike
rtificate by physicial and papers. emovol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c)		Failure	eson, Md. 21755 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth ce attending nove carbo otian, or ri		Conditions, if ony, which gove rise to immediate	Due to, or as a consequence		dial Infar	ction 12 hr
s that the ed by the sleose ren riol, crem ar other i		couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENC			
requires	NOIT	Chron	conditions <u>contributing to DEA</u> 1 S <u>disease</u> 190. CONDITION FOR WHICH OPE			20b. IF YES, WERE FINDINGS USED
The low cion. ie hos be sit permi	CERTIFICATION	19a DATE OF OPERATION			YES NO	HN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: ng physical certifical oriol-tran tem 18:	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	YEAR 19 216 HOW INJURY OCCURR	CD (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART ?)
ING PHY r attendi	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,		CITY OR TOW	N COUNTY STATE
ATTEND osspitol osciCTOR: Ad for use		saw the deceased alive or above (1) (we) (did) (did no	ital) attended the deceased from 19 8 and 19 8 a		death occurred on the dot	e and hour and from the couses stated
TAL OR by the ho RAL DIRE derache tate Dep		226 SIGNATURE			MEDICAL STAFF	an 18 May 84
TO HOSPIT, etoined by TO FUNER, should be do with the Sto		274 PHYSICIAN'S NAME (TYPE OF MORIS W	Milkinson, M.D.			ederick, Md. 21701
BP	23a	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY Olivet Cemetery		, Frederick, Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24	Smith, Keeney a 106 East Church	nd Basford Funeral	Home 1701	22 984	SA SE DELLA GENCE MANAGEMENT

STATE OF MARYLAND

The State of the S 1.75-742 THE PARTY NAMED IN THE LAND IS SEEN . SHALL TO LAND ASSET

within 24 hours ofter death. Page

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	REG. NO.	3	1	6	
	REG. NO.				

	REGISTRAR			CERTII	FICATE OF DEATH	8 4 REG. N	0. 1 3	,	
	CEASED NAME OR PRINT)	ohanna	Maria		LAST LAMBERS	20. DATE OF DEATH	15/2/L	904	Mars Am
3. SE)	Female	4. RACE Whi	te	5. DATE (оғыктн Е. 18, 1910	6. AGE (IN YEARS LAST IN		THIS BATS	HOURS MIN.
Ca	RTHPLACE (STATE OR F COUNTRY) ANAGA	U.	OF WHAT COUNTRY?	WIDOW	ED NEVER MARRIED DIVORCED		ick, Co	ounty	MD.
F	rederick	Fred	such facility, Give street lerick Memo	rial	Hospital	T2B USUAL OCCUPATION OF COMMENT OF WORK FOR MOST OF Homemakes	F WORKING LIFE)	industry hane	F BUSINESS OR
13a. S	al residence (# nurs state Maryland	ING HOME OR OTHER INSTITUT 13b. COUNTY Frederic	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 6107 Lir		Road	701
14. FA	THER'S NAME FIRST John	MIDDLE	Schmutze	r	15. MOTHER'S MAIDEN NA FIRST Jessie	MIDDLE		mtree	
	VAS DECEASED EVER VES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE NONE		RITY NO.	Paul H. Ch	ambers 441	West Si	[de Dr	ive
ATION	Conditions, if any, gave rise to imm cause (a), stafin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	which additional which and the property of the		ENCE OF	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES, W	VERE FINDIN	IGS USED
AL CERTIFICATION	210. ACCIDENT WAS UNE	AUSE OF DEATH HOUR	E OF INJURY A.M. MONTH D.		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN YES [RY IN ITEM 18 PART		NO [
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURI WHILE NOT WE AT WORK NOT WE	RED 210. PLA	P.M. CE OF INJURY E, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	saw the decease	(the teapital) ottended alive an lidd) (did not) view the b	5/7 198	4.0	DEGREE ATTENDING PHYSICIAN	death occurred on the d	FF		
73m F	Dr. Ro	bert S. Hug	·	NAME OF	700 Monto	claire Ave.	Frederi	ick, M	d. 21701
	SPECIFY)	ZJB. DATE				CITY OR TOWN		OUNTY	STATE

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physims should be detached for use as the burial-transit permit. Then please remove carban pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar

OR ATTENDING PHYSICIAN: The low

etained by the hospital or attending physicion.

Gremation Way 8, 1984 Shithsburg FUNERAL DESIGN Keeney & Basford Funeral Home 106 East Church St., Frederick, Md. 21701 (VRA 15, 4)

Shithsburg Crematory 250. DAIL REC'D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar ottending physician.

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ond 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

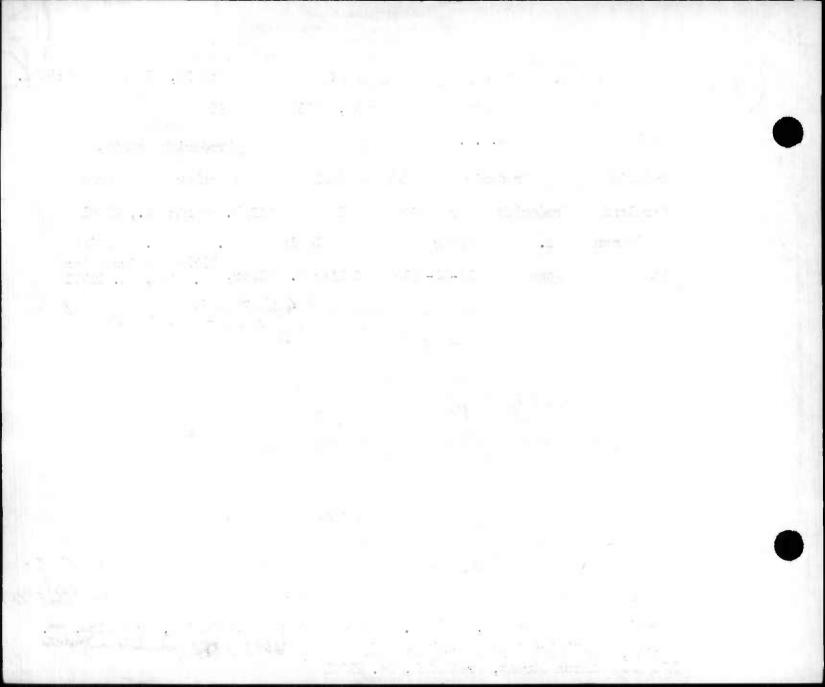
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	3	1	6	S
REG. NO.					

- STATE REGISTRAR				CERTIF	ICATE OF DEATI	H	REG. NO	. 1	> /	0 0
1. DECEASED NAME	FIRST	,	AIDDLE	0	AST	2		AO HTMON		26 HOUR
V	PLA		lable	0	lark		May 10			4:40
3. SEX Fem	ale	4. RACE Whi	te	5 DATE C	7 18° 1893	11	AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	HOURS ME
Maryland	TE OR FOREIGN	76 CITIZEN OF V	·A •	MARRIES WIDOWE	D NEVER MARRIE	ED 🗀	BALTIMORE CITY OF			
rederick	F DE ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION	ON I	2a USUAL OCCUPATION TYPE OF WORK FOR MOST OF Homemaker	ON WORKING LIFE)	126. KIND O	E BUSINESS
USUAL RESIDENCE (130. STATE Maryland	13b. COU	ROTHER INSTITUTION.		AOMISSION)	13d. INSIDE CITY LIA YES 🗽 NO [3. STREET ADDRESS /		. 2170	1
14 FATHER'S NAME Verno	n A	MIDDLE	Snyder		15. MOTHER'S MAID FIRST Lyd		S. MIOOLE	R.	Plai	
160 WAS DECEASED (YES, NO OR UNKNOW) NO		VE WAR OR DATES)	166 SOCIAL SECUI 218-30-63		17. INFORMANT William V	/. Wa]	li746	Peddi	icord	
	Ser	CONDITIONS CO	0-90)	EATH BUT	NOT RELATED TO TH		AL DISEASE OR COND	20b. IF YES,	WERE FINDING CAUSES	NGS USED
OR CONTRIBUTING	AS UNDERLYING [G	ATH HOUR A.	m. month da m.	Y YEAR		OCCURRE	YES NO	YES		NO 🗌
	CURRED NOT WHILE	21e. PLACE ((AT HOME STR	OF INJURY SEET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET		CITY OR TOW	IN	COUNTY	STATE
sow the d above, (1)	eceased alive a we) (did) (did n	- 66 8	e deceased from 3 U19 after death.			opinion de	to 500 oth occurred an the do	te and hour	and from the	
226 SIGNATUR	Ru	nn	action				MEDICAL STAF		22c. DATE	-10.8
22d. PHYSICIAN	X R	MART	IN		220 ADDRESS	Me	akeTST- 1	Freder	rull	MZ
230 BURIAL, CREMAT	ION, REMOVA				emetery or crema		23d. LOCATION CITY OF TOWN Frederic	k Fre	COUNTY	k. Md

DHMH - 16 50M 4/83 (VRA 15, 4)

Smith, Keeney and Basford Furreral Home 106 East Church Street, Frederick, Md.



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death. Page 4

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STATE OF MARYLAND

OF HEALTH AND MENTAL HYCITAL DEPARTMENT

UF	HEALIM	AND	MENTAL HIGHE	38	
RTI	FICATE	OF	DEATH	8	d

REG. NO.	3	1	6	
				-

FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HYG CATE OF DEATH	8 4 REG. NO		3 /	6 9
1. DECEASED NAME FIRST		MIDDLE	LA.	ST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
CASP	ER	EZRA	CLI	NE, JR.	May 10, 19	84		10:30a _M
3. SEX	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Male	Caucas	sian	OCT.	27, 1907 AR	76	YRS.	MONTHS! DATS	HOURS MIN.
78. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
Maryland	U.S.A.		WIDOWEL		Frederick			MD.
10 CITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET rick Memo.	ADDRESS)	rother institution ospital	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Funeral St	WORKING LIFE	E) INDUSTRY	Merchant Furnitur
USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC	OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 404 South	ZIP CODE Parku	vay	21701
14. FATHER'S NAME FIRST Casper	MIDDLE Ezra	Cline		15. MOTHER'S MAIDEN NA Minerva	ME MIDDLE	Fı	rost IAS	ī
	ARMED FORCES? GIVE WAR OR DATES) W. II	220-30-		Mrs. Isabelle	ADDRE e M. Cline	404 5	F. Park	
Conditions, if only, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT TO THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS 199/COND	TION FOR WHICH	DEATH BUT	NO HELATE TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR	VINALIDE ASE OF CONTINUES OF INJUR	20h IF YES IN CERTIF YE	S, WERE FINDER TYING CAUSES S	
OR CONTRIBUTING CAUSE OF CIFE CONTRIBUTING CAUSE OF CIFE CONTRIBUTION	DEATH HOUR A	.M. MONTH D. .M. OF INJURY IREET, FACTORY, OFFICE, F	AY YEAR 19	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
220.1 certify that (1) (2) saw the deceased alive above, (1) (see) (did)	on May	10 198		D. ATTENDING PHYSICIAN TOLL HOUSE A	MEDICAL STAF	F IAN 🗌	22c. DATE 5/10	SIGNED 0/1984
230. BURIAL, CREMATION, REMOVE BURIAL	AL 724 DATE 5/12/1	and the same of th		METERY OR CREMATORY livet Cemeter	23d LOCATION CITY OF TOWN, Frederic	k, Fr	ederick	, Marylan

DHMH - 16 50M 4/83

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MPORTANT, If Nem 21 is

Dayley & Son, PA (VRA 15, 4)

Frederick, Frederick, Maryland

Frederick, Md. 21701

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours ofter dewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medicolexa

MRORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

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5

FOR	DEPA	RTMENT OF HEALTH AND MENTAL I	HYGIENE	7 17 0
- STATE REGISTRAR		CERTIFICATE OF DEATH	8 4 REG. NO.	3 / / 0
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONI	TH OAY YEAR 26 HOUR
(TYPE OR PRINT)		01-11	5	- 10.0 . 350
100	1 Hedges	LIOWL	0	-7-84 11 AM
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
male	With	MONTH DAY YEAR	0-	MONTHS DAYS HOURS MIN.
1 20 000	hite	Feb. 9, 1899		YRS.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	JUNIT OF DEATH
W. Va.	USA	WIDOWED DIVORCED		County
10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	(IF NOT IN SUCH FACILITY, GIVE STE		(TYPE OF WORK FOR MOST OF WOR	
Frederick		emorial Hospital	Carman	Railroad
USUAL RESIDENCE (# NURSING HOME OF 130. STATE			13e STREET ADDRESS / ZIP	CODE 2/7/10
	ederick Bruns		510 - 9th	
14. FATHER'S NAME	suerier Druns	15. MOTHER'S MAIDEN		I AVE.
FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
Walter	E. Cro	wl Alta	J.	Riker
160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT	ADDRESS	510 - 9th Ave.
(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)			
No	705-10	-2802 Hazel V.	Crowl - Bruns	
18. CAUSE OF DEATH (Enter of	only one cause per line for (a), (b)	gond içil		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS		lain lumar		2 mos
7 2 9/1 MMEDIA	ATE CAUSE (o)			
23/6	DUE TO, OR AS A CONSE	QUENCE OF		
Conditions, if any, which	(b)			
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF		
underlying cause last.	J GOE TO, OK AS A CONSE	3001100		
BART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	TOWN THE PIECE OF CONTROL	NI CRITILIDADE I
	CONDITIONS CONTRIBUTING	O DEATH BUT NOT KELATED TO THE T	ERMINAL DISEASE OR CONDING	IN GIVEN IN PART ITO
9				
M 190 DATE OF OPERATION	19b CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
<u>=</u>			YES NOT	YES NO N
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71c HOW IN JURY OC	CURRED (ENTER NATURE OF INJURY IN E	TEM IN PART LOS PART 2)
OR CONTRIBUTION CALLER OF D	EATH HOUR A.M. MONTH			
(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M.	19		
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ANUTE NOT WHITE	(AT HOME, STREET FACTORY, OFFI	CE, FARM ETC) SIREET		-
AT WORK AT WORK		5	57 2	1 84
()	pital) attended the deceased from	(1/4)		, 19 <u>2</u>
sow the decorationive of	nat) view the body after death.	ond that in (my) (our) opin	nion death occurred on the date a	nd hour and from the causes stated
22b. SIGNATURE	ion view pie boary offer deam.	DEGREE		22c. DATE SIGNED
4 del	77	ATTENDIN	MEDICAL STAFF N DIRECTOR PHYSICIAN	- 15/7/00
1 1 2009	0. 1 00		N DIRECTOR PHYSICIAN	1/1/87.
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
Robert L. H	Kaufman. M. D.	Frederic	ck. Md.	
23a. BURIAL, CREMATION, REMOVA (SPECIFY)	AL 23b. DATE 2	3c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE

BP.

etained by the hospital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

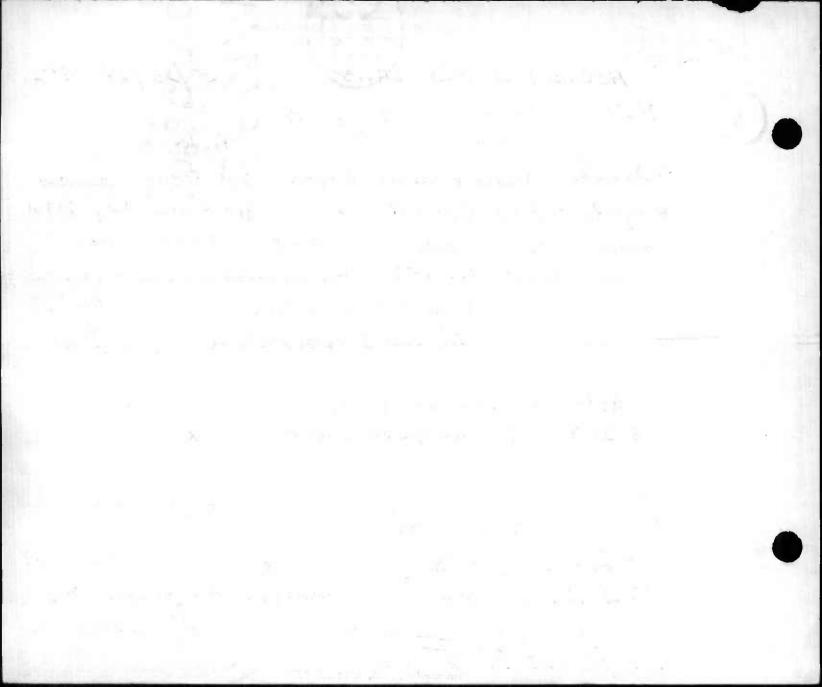
Burial
24 FUNERAL DIRECTOR
NAME
John T. Wil Park Williams Funeral Home Brunswick, Md.

MAY 1-4 1984 January

The same of the sa . Tenuo control con a control con a control co A south a series of the transport of the transport The second of a contract of the second of th Pitti . Mr. , and compress of the Control of the Co Lobert J. Lender, N. H. L. Scheredt, 24.

DHMH

	V				STAT	E OF MARYLAND				
1/	1,	FOR STATE				HEALTH AND MENTAL HYG	IENE	1	3 7 7	
15	l ' '	REGISTRAR			CERTI	FICATE OF DEATH	REG	. NO.	0 , .	1
2-4		CEASED NAME	FIRST	WIODLE		LAST	20. DATE OF DEATH	/	DAY YEAR 2	b. HOUR
e 3		HER	MAN	DONA	LD DA	V/5	5	123	184	4-AM
	3. SE	× + A	4. 1	RACE	S. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)		FUNDER 24 HRS.
AW	L_	Male	(aucasian	- 8	1 14	6	9 YRS.		
11/1		IRTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CIT	1 (
15 6/	_			USA	WIDOW	ED DIVORCED	trea	lerick		MD.
23 Y.		ITY OR TOWN OF DEA	TH [11.		L, NURSING HOME (GIVE STREET ADDRESS)	OR OTHER INSTITUTION		ST OF WORKING	12b. KIND OF I	BUSINESSOR
5 W7	κ_{-}	rederick	- !	Frederick	Memoral	Hospital	Shac f	actory	Shoer	maker
20 3/6	130.	AL RESIDENCE (IF NURSI	13b. COUNTY		Y OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP COL		21-1
110 (5/2/	-	rangland	Fred	evick Fre	Ederick	YES 🔀 NO 🗌		otter	Ave,	21701
92	A HLE	ATHER HAME	MIDI	DLE	LAST	15. MOTHER'S MAIDEN NA	MIDDL		LAST	
aldmo /	1_	Thomas	Н.	I.	Davis	Mary		llen DRESS	West	
oges edica		WAS DECEASED EVER YES, NO OR UNKNOWN]	(IF YES, GIVE W	AR OR DATES)	CIAL SECURITY NO.	17 INFORMANT				
ician and iers. Page il. the medi		Yes	1936	-1939 213	1-16-0230	Mrs. Mary	Allen5832	<u>Cathol</u>		
hysici sopei aval.		18 CAUSE OF DEATH PART I. DEATH W	(Enter only o	one cause per line for t	4 (. 1			0/	ATE INTERVAL
on physical properties of the properties of the physical			IMMEDIATE C		yocardial	Interctio	n		30	hr
cark n, or		4100			ON SEQUENCE OF	1	6		オ	11.00
nave orial		Conditions, if any, gove rise to imm		(b) (c)	neralize	a arterios	cleross			yr_
y the crem ther		cause (a), stating underlying cause		DUE TO, OR AS A C	ONSEQUENCE OF					V
ed b oleos riol,	1	DART O OTHER SIGN	UEICANIT CON	(c)	TING TO BE ATH BUT	T NOT RELATED TO THE TERM	IN ALDISEASE OR S	ONDITION C	DVENT IN L DA DT 34	
sign hen to bu	Z	A (D	minal	- 1		_	TINAL DISEASE OR C	ONDITION G	INEIN HA LAKI 110	
prior any ir	CERTIFICATION	19a DATE OF OPERAT		196 CONDITION FO	OR WHICH OPERATION	N WAS BERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDING	SUSED
. K ne so	E	5-21-	84	Peripher	al Mascula	in disease	YES T NOT		IFYING CAUSES O	F DEATH?
physicia Tificate I Il-tronsit tal Hygie m-18 sho	W W	210. ACCIDENT WAS UND		216. TIME OF INJUR	Y	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
rrific al-rr al-rr rtal t		OR CONTRIBUTING C		HOUR A.M. MC	ONTH DAY YEAR					
ding ce buri	MEDICAL	21d. INJURY OCCURE		21e PLACE OF INJU	RY	21f LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
atter s the s and s and rked	E	WHILE NOT WH	ILE	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	-	1 4-		41/	
Africa Af		22a.l certify that (I)	(this haspital)	attended the decease	sed from	19_8		25	, 19. thi	ot (I) (we) last
pital TOR for u	1	saw the decease	d plive on	5 - 22 lew the body ofter de	19 54 , o	nd that in (my) (our) opinion	death occurred on th	e date and ha	our and from the co	uses stated
hos hed ept.		226 SIGNATURE	1 //)	O111.	DEGREE			22c. DATE SI	GNED
by the ERAL D see detact Store D ANT: If		7001	nus	to m	4	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	STAFF SICIAN []	5-2	-3-81
FUNER old be o	1	22d. PHYSICIAN'S NA	ME (TYPE OR PR	INT)		22e ADDRESS	1	-	4 /	1
TO FUNER, should be a with the Sto		171	Mull.	n M	0	100 Monta	aire Hus	- tre	denck	70
£ 2 ₹ 3 ₹		BURIAL, CREMATION,	REMOVAL	23b DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	<u> </u>	COUNTY	STATE
BP		Buri	al	5/25/84	Oak		Legoz	e F	rederick	Md.
H - 16 50M 4/83	24 F	UNERAL DIRECTOR	Lity	Hail	ADDRESS		E REC'D. BY REGISTE	AR 256 REGIS	STRAR'S SIGNATUR	RE TO T
(VRA 15, 4)	R	E. Daile	& Son		5 East Mai		N 1 2 1984	- · w/ V-	ravidorn-Ran	1
				.Thi	urmont, Mo	1. 21788		-		



death. Page 4 may be

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

I AND MENT AL UVCUENT

	1	-2	1	-9	1
REG. NO.	1	3			

	1-	STATE REGISTRAR	DEPARTM		FICATE OF DEATH	8 4 REG. NO	. 1 3	1	7 2
		CEASED NAME FIRST OR PRINT) GEORGE	LEE DI	EANEF	R, JR.	May 29, 1		Y YEAR	26. HOUR 8:11 a
	1.5E)	Male	Caucasian		OF BIRTH 5v. 1°, 1926°	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
7	7a. Bii	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OF Frederick		OF DEATH	MD.
1	1	TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Frederick Memo	orial	Hospital	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Bookkeepe	F WORKING LIFE)	INDUSTRY	or Business or
2		AL RESIDENCE (# NURSING HOME C STATE 13b COU Maryland 1	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13c CITY OR TOWN Frederick Brunsw.	٧.	13d INSIDE CITY LIMITS?	11100 Peach	orcha.	rd Dr.	21716
1	TI. FA	Gëorge Lee	Deaner LAST		15. MOTHER'S MAIDEN NAM	Shumake.	r	LAS	51
		VAS DECEASED EVER IN U.S. A YES, NO OR WOONN) (IF YES, G	RMED FORCES? 16b. SOCIAL SECUI 212-24-		Mrs. Agnes L	Dognar			hard Dr. 21716
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE!	N IN PART 16	o.
1	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO X			NGS USED OF DEATH?
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTEY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19	21c HOW INJURY OCCURR 211 LOCATION STREET	CITY OR TO		COUNTY	STATE that (It (we) fast
,		saw the deceased alive o	STATES OF THE SOCIETY	r M.	22e ADDRESS		F IAN []	June	SIGNED 6,1984
	23a. B	BURIAL CREMATION, REMOVA		enez	CEMETERY OR CREMATORY er Cemetery	23d. LOCATION LOUGOUN	Hgts.,	·Virgi	inia STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TCI FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal. IAPORTANT: If hem 21 is marked or them 18 shaws any injury, ar other traumatic event,

etained by the haspital or attending physician.

L. Spencer

Harpers Ferry, 25425.

25 DAJE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUN 7 1984 Ficha Davidson-Randall

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	45	2012 June 2 1220	to be seen of	6.1-71
	April or comment		4.303	haritysis .
		tervies 1-1	r	districtions.
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				Mass sections:
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		way on bushing	ell.	

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and the second

THE PERSON

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	/	
		1

- STATE REGISTRAR		CERTIFICATE OF DEATH	8 4 REG. NO.	3 / / 0
Do	NNA Pearson	DENNEY	20 DATE OF DEATH MON	5 18 84 5 35 M
I SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR FEB 11 1911	6 AGE (IN YEARS LAST BIRTHDAY	YRS. IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) OHIO	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	FREDERIC	K MD
FREDERICK	MEMORIAL	RSING HOME OR OTHER INSTITUTION REET ADDRESS) HOSPITAL 21701	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY BOOK KEEPER
	DUNTY 13 LT BOL	13d. INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN 1	11504 DAYSH	CODE 2170k
14. FATHER'S NAME FIRST ARTHUR 16a WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	SON MINA	MIDDLE	LONG
(YES, NO OR UNKNOWN) (IF YES	r only one couse per line for (o), (b)	-1463 ROGER PD	ENNEY SR 1150	4 DAYSVILLE RD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSE	STEM CEREBRA		
PA E (190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF SETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	F DEATH HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	ITEM 18. PART I OR PART 2}
NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM ETC.) STREET	CITY OR TOWN	COUNTY STATE
sow the deceosed olive	ospital) attended the deceased from 5 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	011	on death occurred on the date o	, 19 , that (I) (we) last
226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED
PRAFULC	- 1 -	3 WEST	7 h st	FREDERICK,
BURIAL CREMATION, REMOVE (SPECIFY)	7AL 236. DATE 7A 126-1984	3. NAME OF CEMETERY OR CREMATOR	LIBERTY TO	
24 FUNERAL DIRECTOR HARTAL	ex. Libertinto	swn Md 250. C	MAY 22 1984	Funa Davidson-Randelle

DHMH - 16 50M 4/83 (VRA 15, 4)

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	FOR					OFMAKILAND	V @ 1 = 1 =				
1-	STATE			DEPARIN		EALTH AND MENTAL H	TGIENE		1 7	1 7	4
	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO			
	CEASED NAME	FIRST		AIDDLE	(1)	AST	2a. DATE C	OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TYPE	OR PRINT)	SEPH	_	6	6	oksley			5 9	84	5:58 Am
3. SE)	× 11	4. R	ACE	F-1 - 1 - 1 - 3	S. DATE O		6. AGE (IN	YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS
1	MARC		CAU	C.	Money	06 14	//	69	YRS. E		HOURS MIN.
	RTHPLACE INSTATE OR FO	DREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		ORE CITY OF	•		
1	1110		US	H	WIDOWE		7 Fr	rederi	ick Co).,	MD.
30. CI	TY OR TOWN OF DEAT	TH 11.			G-HOME O	R OTHER INSTITUTION	12a. USUAI	OCCUPATIO	NC		F BUSINESS OR
	rederick	1000		H FACILITY, GIVE STREET		1 II		ORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
11	/ 1.					l Hospital	1	lone			
USU/ 13a. S	AL RESIDENCE (IF NURS)	NG HOME OR OTH	ER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	1130 STREET	TADDRESS	(21)	771)	Pike
Ma	aryland /	Howa	rd	Mt. Ai		YES NO X	4101	Balt		e Nati	ional
-	THER'S NAME				_ ,/	15. MOTHER'S MAIDEN N	VAME				
1	FIRST	MIDE		LAST		FIRST		WIDDLE		LAST	T
	Edward	W		orsey		Eliza	betn_	10000	ne V.Y	Ray	
16a V	VAS DECEASED EVER I	N U.S. ARMED		166 SOCIAL SECU		17 INFORMANT		ADDRE:		dbine	•
To the same of	NO OR UNKNOWN)			214-32-	2669	Raymond	N. Dor	sey,	7115 V	loodb:	ine Rd.
	18. CAUSE OF DEATH	LiEnter only o	ne course per	line for (a), (b), and	10	ſ		4		APPROXI	MATE INTERVAL
	PART I. DEATH WA	AS CAUSED 8	Y:	D CO	-	ordiac	MIN	MILL	0.00	1/1	111, 701
	11797	IMMEDIATE C	AUSE (o)	N CC	صدر	a a a	CEVIC	JIMA	<u> </u>	1 4	MICHAEL
	7212		DUE TO, O	R AS A CONSEQUE	NCE OF					UD	C .
18	Conditions, if ony,		(b)	17	SUL					7 4	-31
1	gove rise to imm		DUE TO O	R AS A CONSEQUE	NCE OF						
100	underlying couse	lost.	00210,0	aMIN							
	DART 2 OTHER SIGNI	IFICANIT CON	IDITIONS CO	NITRIBUTING TO	SEATH BUT	NOT RELATED TO THE TE	DAAINIAI DISEA	RE OR COND	UZON GIVEN	LINI DADT 1/2	
CERTIFICATION	C.U.A.	gen		Here	Ew	seis seiz	wed	lescr	Doi	V IIV PART ILL	
1	190. DATE OF OPERAT	ION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?		WERE FINDIN	
F							YES 🗆	поп	YES	NG CAUSES	NO T
ER	21g. ACCIDENT WAS UNDE	FRIVING D	21b. TIME O	E INTURY		21c. HOW INJURY OCC				T 1 09 PART 21	
	OR CONTRIBUTING C				YEAR	THE TIPE OF THE PERSON OF THE	OMMED TEMIER	AMIDNE OF HAJOR	I HATTEN TO THE	, , , , , , , , , , , , , , , , , , , ,	
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.,	M	19				1000 0	0.00	
9	21d. INJURY OCCURR	ED	210 PLACE	OF INJURY	. DAL ETC \	211. LOCATION		CITY OR TOV	VN	COUNTY	STATE
Z	WHILE NOT WHE	LE 🔲	(A) HOME, SIR	EET, PACTORY, OFFICE, P.	ARM, ETC. J	1		1-			
130	22a.1 certify that (1)		ottended th	e deceased from	1/12	184 10	to	5/9	19	34	that (1) (we) last
	sow the decease	d olive on	5/3	19 7	201 0	nd that in (my) (our) opinio	on deoth occur	red on the do	te and hour o	and from the	(3,
	above[(I)/we) idl	di idid nasi vi	ew this body	ofter feath)	9624	10				22c. DATE	
	22b. SIGNATURE	11. 1	11	x x/1	· 1	ATTENDING	MEDICA	L STAF	E	ILC. DATE	10/10/
	wex	M	M	NOW	1 0	PHYSICIAN				7/	7.134
1	224 PHYSICIAN'S NA	E (TYPE OR PR	INT) {	1- (22e ADDRESS			1	Colui	41x u
		1111	1	KA A	Inn	12000	MAN	-1011	11411	4/1	

23c. NAME OF CEMETERY OR CREMATORY
St. Michaels

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

ond completely filled in by the funeral direct ages, 1 and 2 should be filed within 72 hours

24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md. (VRA 15, 4)

23b. DATE 5-11-1984

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Mđ.

Howard,

23d. LOCATION
CITY OF TOWN

DHMH - 16 50M 4/82

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at the francis will co	The second of the second	, slibestik, mb.	Charles W. Burtar

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21	1 84	64	E '	v		22.0	n	P	н.	m	14	~	

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 4 REG. 1	1 3	77	7 5
	CEASED NAME	UDR		LIZABO	44	EARLY	20. DATE OF DEATH	5 22	84	11 -A M
3, SE)	×	4.	RACE		5. DATE O		6 AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS
1	emale		C Au	casian	2	(0 as-	58	YRS.		
	RTHPLACE (STATE OR FI		U.S	• A •	MARRIE!	NEVER MARRIED DIVORCED	PRACTIMORECITY Freder:	_		MD.
1	TY OR TOWN OF DEA			H FACILITY, GIVE STREET A		ROTHER INSTITUTION al Hospital	128. USUAŁ OCCUPA (TYPE OF WORK FOR MOST NOUSEW.			home
	AL RESIDENCE (IF NURSI	13L COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Myersvi		13d. INSIDE CITY LIMITS? YES NO	134361ADDEESS	key Br	own R	d21773
LL FA	JÖHN	~	DOLE N •	WETZEL		CORDELI			WETZ	EL
	VAS DECEASED EVER	IN U.S. ARMI (IF YES, GIVE V		219-12-		17. INFORMANT Clarence E	Early M	ress y ersvi	lle,	Md.
Z	Conditions, if any, gove rise to imm couse (a), statin underlying cause	nediote g the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIVEN	N IN PART 110	3 (16)
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH	P. 21e. PLACE	M. MONTH DA M. OFINJURY	19	211. LOCATION	RED (ENTER NATURE OF IN.		COUNTY	STATE
W	WHILE NOTWHAT WORK 120. I certify that (I) saw the decease obave (I) Jwe) (c. 120. SIGNATURE	(this haspita ed alive on did) (did not)	I) attended the	1 10 0	74 , or	nd that in (m) (aur) apinion DEGREE ATTENDING PHYSICIAN	, ta deoth occurred an the	date and have a	and from the	that (we) last couses stated
	22d PHYSICIAN'S NA	E	hildm		LAME OF C	220 ADDRESS DUNS	123d LOCATION	10. 2	1716	
2.56 E	BURIAL, CREMATION,	KEMOVAL	23b. DATE	13(N	AME OF C	EMETERY OR CREMATORY	Z3B. EOCATION		COLUMN	STATE

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completational transfer begones remove carbonpopers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth

etained by the haspital or attending physician

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

Burial May 25, 1984 Harmony Cemetery Myersville Fred. Md.

14 FUNERAL DIRECTOR

Thompson Funeral Home Middletown, Md. MAY 28 1984 Julia Davidson Pandelle.

which Davidson-Randalle

complete to make a first a facet T. C. 15 TEACHER anno mes attracted Latinged Latin ... Selection delegated Nd. Prederick Sycretiile z '4301 Caxes from Hall Wil do de l'importante de la companie de Part of May 27. 1984 Tornery Conchary Presentile Prod. Md. Phone son Funeral Loue Middletoum, RC. MAY 2 A way and A Loue Anna w completely filled in by the funeral and 2 shauld be filed within 72

injury, ar ather traumatic event, the

1.	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE		-1 7	7 6
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	3 /	, 0
	CEASED NAME	FIRST	٨	AIDDLE	ſ	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	NIE	Rebe	cca	84	DRIDGE	MAY 1	19	184	9:20AN
3. SE	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
/	Female		Whi	te	Sept	16, ^D AY 888 YEAR	95	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	_	9. BALTIMORE CITY		Y OF DEATH	
	Marylar	nd	U.S	.A.	WIDOWE	D NEVER MARRIED U	Freder	ick		MD
10. CI	TY OR TOWN OF DEA	\TH		OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
1	Frederi		Homewoo	d Retire	ment (Center	Homemaker		(FE) INDUSTRY	ome
13a. S	al residence (# NURS TATE yland	13b COUN	TY .	give residence before 13c. CITY OR TOW Myersvil	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 2 Harp PI	ace	21773	
14. FA	THER'S NAME					15. MOTHER'S MAIDEN N.				
	John	C	Le Le	atherman		Susan	Rebecca		Grossni	ckle
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	10401 494	bsveno	or Plac	е
- (VES, NO OR UNKNOWN)	[IF YES, GIV	WAR OR DATES)	212-74-8	845	Dorotha Klin	e Rockvill	e, MD	20850	
っ	18 CAUSE OF DEAT PART I. DEATH W 486C Canditions, if any,	AS CAUSEI	Ď BY: E CAUSE (a)	Ine for (a), (b), an	ria	*			APPRO) BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	gave rise ta imn cause (a), statin underlying cause	g the last.	(c)	R AS A CONSEQUE						
Z	PART 2. OTHER SIGN		RINARY	and.		NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIV	VEN IN PART 1	(a)
CERTIFICATION	190 DATE OF OPERA			TRACT		N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI IFYING CAUSE: ES	
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (1) LIFEITHER, NOTIFY MEDIA	CAUSE OF DEA	P.,	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART OR PART 2)	
MED	21d INJURY OCCURE WHILE NOT WHAT WORK AT WOR	HILE	21e PLACE (EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive an	1 MAS	19		nd that in (M) (aur) apiniar	, ta	date and ha		, that (IP (we) last e causes stated
	22b. SIGNATURE	M	1. 5-	H l.	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA © DIRECTOR ☑ PHYSI			SIGNED AND ST
	22d. PHYSICIAN'S NA	AME TYPE O	R PRINT)			22e ADDRESS				

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

804 Toll House Ave., Frederick, MD 21701

230. BURIAL, CREMATION, REMOVAL Burial May

23c. NAME OF CEMETERY OR CREMATORY 1984 Rose Hill Cemetery

23d LOCATION
CITY OR TOWN
Hagerstown Washington MD STATE

24 FUNEBALDIRECTOR
RICKETTS F1

25a. DATE REC Myersville, MD 21773 MAY

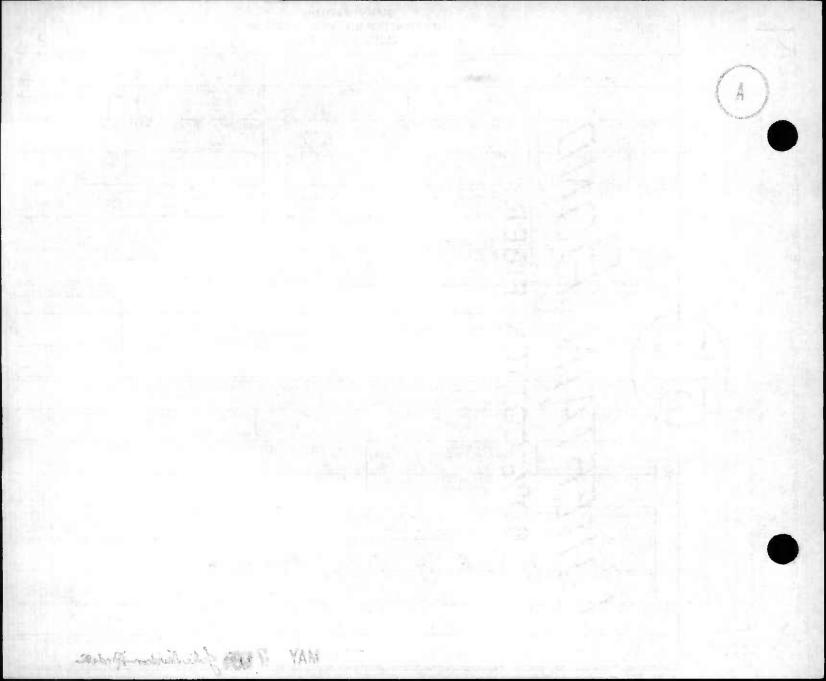
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshauld be detached for use as the burial-transit permit. Then please remave as with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

TO HOSPITAL OR ATTENDING PHYSICIAN: The lavertained by the haspital or attending physician.

MPORTANT: If Item 21 is marked on Item-18 shows any



executed within 24 hours after death. Page 4 may be requires that the death certificate be OR ATTENDING PHYSICIAN: The law etained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fune though be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

injury, or other traumatic event, the medical

MPORTANT: If Hem 21 is marked or Hem 18 shaws any

CTATE OF MADVIAND

RETMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE	4	REG. N	10.	3	1	7		-
LACT	2- D/	TE OF	DEATH	ALCONITS.	DAY		5.40	DI.	

1.	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYC FICATE OF DEATH	SIENE B 4 REG. N	0.	3 /	7	1
	CEASED NAME OR PRINT)	FIRST		WIDDLE		SCHMAN	2a DATE OF DEATH	MONTH	DAY YEAR		HOUR
3. SE	v	ETTG	4 RACE	V •		OF BIRTH	6 AGE (IN YEARS LAST BI	<u> </u>	IF UNDER 1 YE	10	UNDER 24 HRS
	^ Male	W 12 12	White			ь. 11°, 19ö7		HHDATI	MONTHS DA		OURS MIN.
						D. 11, 1907	77	YRS			
	RTHPLACE (STATE OF COUNTRY) Laryland	R FOREIGN		WHAT COUNTRY?	MARRII WIDOW	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		County		MD.
	Maryland		Citiz	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Citizens Nursing Home			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker Homemaker Home				
13a S	AL RESIDENCE (# NO STATE Laryland	13b COUN	other institution. ITY ederick	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Frederi		13d. INSIDE CITY LIMITS? YES NO	13e. SLREET ADDRESS	er Av	ve., 21	701	
14 FA	FATHER'S NAME John W. MODLE MacGill WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURI				15. MOTHER'S MAIDEN NAME Amelia Migdle (Unknown)						
16a V	VAS DECEASED EVE YOU OR UNKNOWN)		NED FORCES? NONE NONE	212-24-3]		John F. Flei	schman, Fred	SCarr erick	rollton	Dr 217	ive Ol
MEDICAL CERTIFICATION	220.1 certify that (MINITED WHILE ORK	DUE TO, OI ONDITIONS CO IPb. CONDI POR A. POR A. 21e. PLACE (AT HOME, STR	FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA	NCE OF BEATH BUT OPERATIO Y YEAR 19	211. LOCATION STREET 19 Ind that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YI IN CERT IN CERT IN TEM 18	ES, WERE FINI HEYING CAUS YES PART ORPART 2 COUNTY	DINGS ES OF	STATE STATE (I) (We) lost ses stated
	22d. PHYSICIAN'S N	AME (TYPE OF	PRINTI		1	1475 tan	n cuer		Freder	i cle	Ma

BP

TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

DIE DATE May

Basford

JJE BURIAL CREMATION, REMOVAL

Smith, Keeney and 106 East Church

Burial

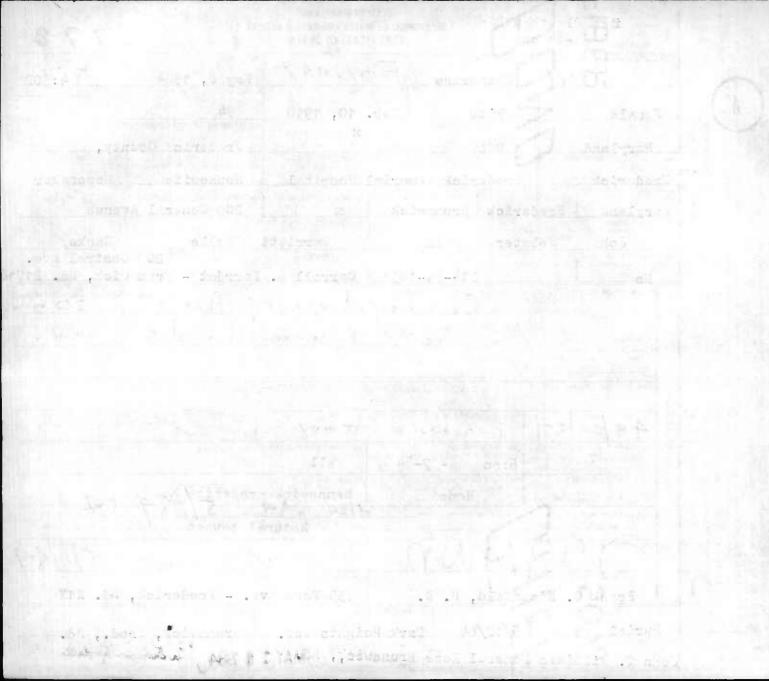
23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

Frederick, Frederick, Md.

AT STATE OF STREET

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					an Africa Sinbruha		mis de	
			Mark St MY					

		21 02 1	22-	STATE	OF MARYLAND			
	1-	FOR item 21a t STATE REGISTRAR 9-27-84			ALTH AND MENTAL HYGI CATE OF DEATH	9 41	3778	
		CEASED NAME FIRST	MIDDLE	1	ST/	REG. NO.	DAY YEAR 26. HOUR	-
9 m.4	{TYPE	ORPRINT) PEAV	Catherine	10	rrest	May 8, 1984	4:50P	М
	3. SEX		4 RACE	5. DATE O	F BIRTH .	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	_
(AV)	/I	'emale	White	Feb.		74 YRS		
* * W	7a. Bl	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUN	TY OF DEATH	
ter de il	10 C1	Maryland TY OR TOWN OF DEATH	IISA 11. NAME OF HOSPITAL, NURS	WIDOWE		Frederick Co	Ounty MI 12b. KIND OF BUSINESS OR	D.
by the filed will	-		(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
hours be file	USUA	rederick	Frederick Me	RE ADMISSION)	-	<u> Housewife</u>	Homemaker	-
filled solld to		TATE 135 COUNTY	derick Brunsw		13d INSIDE CITY LIMITS? YES ₩ NO □	13e.STREET ADDRESS / ZIP CO 200 Central		
ithin 2 sho		THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		LAST	
uted within 24 I			bster Main		Harriett	Belle	Caskey	
0 ~ 0		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SEC	URITY NO.	17. INFORMANT		O Central Ave.	
be exe		No	214-74-	1033	Carroll H.	Forrest - Bru	nswick, Md. 21	71
ficate b shysicial papers. naval. ent, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		1 - A	21 04 04 00	- Aurest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
certificat ding physi or removo or removo		IMMEDIA	TE CAUSE (a)	2106	Ulmoyar		20 mi	
		Canditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF	Polmonar	1 Embolus	same.	
ires that the deat gned by the otten in please remave c burial, cremotion, ry, or other traum		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF				_
by tose rother rothe		underlying cause last.	(c)	DENCE OF				_
signed hen ple to burie	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION G	IVEN IN PART ITO	
been mit. T	CERTIFICATION	190 DATE OF PPERATION	1 19b. CONDITION FOR WHIC		VAS PERFORMED		ES, WERE FINDINGS USED	-
n o o o	TIEK	48/29/8-	Fractiv	eol	temor		TIFYING CAUSES OF DEATH? YES NO	
physicia physicia tificate t Il-transit tal Hygie m 10 h		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING? CAUSE OF DE	216. TIME OF INJURY	DAY, YEAR		ED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)	
HYSICIA ding pl is certif burial-t Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	8) 0:00 M. 4-2/-	-84 19	Fall		0.5447	_
3 PHY prendiction of the broad Nond Nond Nond Nond Nond Nond Nond Non	MED	21d. INJURY OCCURRED WHILE NOT WHILE THE TANK OF T	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE HOME	FARM, ETC)	Brunswick	Frederick	COUNTY STATE	
After of hork		AT WORK	ital) attended the deceased from		4/20 10 99	5/9/89	to A That its (we) in	-
TEN TOR: Or US		saw the deceased alive on	19		d that in (my) (all populate	half oce USOB date and hi	our and from the causes stated	
OR AT le hasp DIRECT Sched fo Dept. a		abave, (I) (we) (did) (did no	at) view the bady after death.	7 0	DEGREE	/	22c. DATE SIGNED	-
		, MY	1 NYWY	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/11/8-	7
HOSPITAL ined by the FUNERAL Indid be deto and be the State of ORTANT. H		224 PHYSICIAN'S NAME (1991)	alpened		22e ADDRESS		/	
etoined by the TO FUNERAL should be detroited with the State		Frank G. Ni	senfeld, M. D.		335 Park Av	ve Frederic	k, Md. XXX	
1んか		URIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
BP_/44	24 EI	Burial UNERAL DIRECTOR			eights Cem.	Brunswick REC'D. BY REGISTRAR 256. REGI	Fred Md	_
DHMH - 16 50M 4/83 (VRA 15, 4)	7-1	NAME Williams	Funeral Home	Brunav	veck, May AY 1	1984 Teder	70 2 40	
·····	00	III T. MITITIGHS	, _ 0.1102 0.2 110 110	73	111111	4 201		



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31	AΙ	E UI	141	ARI	LAR	עוו

1.	FOR STATE REGISTRAR	DEPART	MENT OF HE	ALTH AND MENTAL HYG CATE OF DEATH	B 4 _{REG. NO.}	. 1 3	179
	CEASED NAME FIRST	GOLDIE May		GOFF	20. DATE OF DEATH		, M
3. SE	Female	4. RACE White	S. DATE OF	• 5°, 1903	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
	est Virginia	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWEE	NEVER MARRIED DIVORCED	Preder:	RCOUNTY OF DEAT	
	rederick	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Frederick Me	T ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemake:	F WORKING LIFE) INDU	IND OF BUSINESS OR STRY
13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN Fred	other institution, give residence seroi TY 13 Buckey erick kred	rs town	3d. INSIDE CITY LIMITS? YES NO	3620-A	zip cope Buckeyst	own Fike
7	ATHER'S NAME Elam	Robinson	1	15. MOTHER'S MAIDEN NA	ba E.	Hoff	
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) NO	wed forces? 166 SOCIAL SECTION 1	-5066	17 MFR. Adams town	V. Goff ^{ADDRE} Marylan		
	PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), or 0 BY: E CAUSE (o)	gest	we Hears	- Failer	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(b)					
NO	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT P	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PA	RT 110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	IN	AY YEAR	21e. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART 1 OR PA	RT ?)
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATION STREET	CITY OR TO	wn coun	STATE

220 1 certify that (1) (this hospital) attended the deceased from sow the deceosed give on obove (1) (we) (fid) (did not) view the body ofter deoth.

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

MAYG

and that in(m) (our) opinion death occurred on the date and hour and from the causes stated

that (1) (we) lost

224 PHYSICIAN'S NAME (TYPE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

226. SIGNATOR

CINLAND 236. DATE

22e. ADDRESS

DEGREE

610 NINTH AUE Brunsulce, MD

TO FUNERAL DIRECTOR

MPORTANT, If hem 21

DHMH - 16 50M 4/83 (VRA 15, 4)

Resthaven Mem.

23c. NAME OF CEMETERY OR CREMATORY

Gardens Frederick FrederickMd

25a. DATE REC'D. East Church St., Frederick, Md. 237

MAY

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STATE OF MARYLAND

8 REG. NO.	1	3 /	8	1
TE OF DEATH 40	NATH DAY	VEAR	25 HOUR	

ı		STATE REGISTRAR			DEPARTA		ICATE OF DEATH	8	REG. N	0.	3 /	8	Û
I		EASED NAME	FIRS1		MIDDLE	L	AST	20. DATE	OF DEATH	MONTH DA	AY YEAR	26. HOUR	?
ı			Thomas		Francis		GORMAN			8, 1981		T	PM
ı	3. SEX		4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS	A HRS.
ı		Male		Whit	е	June	14,° 1933		50	YRS.			
4	7a. BIR	THPLACE ISTAT	E OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	9	NEVER MARRIED	9 BALTIA	AORE CITY O	E COUNTY O	OF DEATH		
1		icago, I	11.	U.S	.A.	WIDOWE		I	reder	ick Cou	unty		MD.
7	1 :	Y OR TOWN OF		L. NAME OF	HOSPITAL NURSIN	G HOME C	OR OTHER INSTITUTION		AL OCCUPATI	ION OF WORKING LIFE)	12b. KIND O	F BUSINES	SSOR
1	F	rederick		Freder	ick Memor	ial F	lospital	ELc.	Engir	neer		ernme	nt_
	13a. S	t residence is rate ryland	nursing home or o 13b. COUNT Freder	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederi	N	13d INSIDE CITY LIMITS? YES NO	13e.STREE	T ADDRESS	/ ZIP CODE Mounta	aindale	Rd.	2/
1	FA	THER'S NAME FIRST George		homas	LAST Gor	man	15. MOTHER'S MAIDEN NA FIRST Marv	AME	MIDDLE		Reill	ľу	
1		AS DECEASED E	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INTEGRALANT	F Co	ADDRI	6807-0	C Mount	baind	
1	{11	Yes	1953-	-1955	347-22-5	942		erick.	Md_2	21701	J Flouit	Jamua	are
ì		II CAUSE OF D	EATH (Enter only	one couse per	line for (a), (b), one	dieni	γ)		0		BETWEEN	MATE INTERV	/AL DEATH
1		PART J. DEAT	H WAS CAUSED		Acu	00	4 oardel	Dul	celli				
1		410			R AS A CONSEQUE	NCE OF	1	- /					
١		Conditions, if	ony, which	(1b)	N No N Cor I oc Good								
1		gave rise to	immediate	DUETO	R AS A CONSEQUE	NCE OF							
1		underlying c		(6)	K A3 A CONSECUE	1100							
1		PART 2. OTHER	SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MINAL DISE	ASE OR CON	DITION GIVE	N IN PART 11	0 '	
1	Z O												
7	CERTIFICATION	190. DATE OF OP	ERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AL	JTOPSY?		WERE FINDIN		
-	E							YES] NOV	YES		NO 🗌	
П	8	21a, ACCIDENT WA		71h. TIME C	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PAR	RTT OR PART 2)		
	A		MEDICAL EXAMINER)		M.	19							
	MEDICAL	21d. INJURY OC		21e. PLACE	OF INJURY	676.1	21f LOCATION		CITY OR TO)WN	COUNTY	S1	ATE
	2	WHILE NO	OT WHILE	(AT HOME, SI	REET, PACTORY, OFFICE, P	ARM, EIC J				4.			,
					e deceased fram_	5/	18 70	4 to_	51	<u>/Y</u> , 1	98	that (I) (ye	e) lost
		saw the de	ceased olive on_ (e) (did) (did not)	11-2	olter death	93_, 01	nd that in (my) (out) opinian	death occu	rred on the d	ate and hour	ond from the	couses sto	ted
1		276. SIGNATURE	1	THE DOOR	5 4 40		DEGREE				ZZC. DATE	SIGNED	
	90		AV	4911	D971-		ATTENDING PHYSICIAN	MEDICA	AL STA		3(2	lire	1
		22d. PHYSICIAN	SNAME I YPE OR	PRINI			77e ADDRESS						1
1		Dr. Ph	ilip Sha	piro 1	MD		814 Toll Hou	use Av	re. Fr	rederic	ek. Md.	2770	דר
1	73a. B	URIAL, CREMATI	ON, REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LC	CATION	040120			
	(5	Burial	0.0	Mays 23	1984 Mo	unt o	livet Cemeter	Tr.	ederic	k Fra	ederick	414.4	ATE
1				25			25e DA				RAR'S SIGNAT	7	
	106	Hast C	n, Keene	y & Ba	sford. Munick M	eral	Home	VAA	MO 4 1	I.S. Kai	idson-Ra	ndege	
	TOC	Last U	nurch St	. Free	rerrck, M	اء دا	701 LMA	1 1 4	TUYA 9	MILY WILL	14401		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN, The law-elected by the hospital or attending physician.

IMPORTANT: If hem 21 is marked at them 18 shows any injury, or other traumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of shadd be detached for use as the busistrands permit. Then please semare carbonic with the State Dept. of Health and Mental Hygiene prior to busist, cremation, or remaint

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EPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	GIENE 8 RIG. NO. 1 3 7	8
DLEY "HAMBURG	20. DATE OF DEATH MONTH DAY YEAR 5-07-84	26. HOUR 7: 45
A DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 H

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MEDICAL

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Manith, Keeney and Basford Funeral Home 106 East Church St., Frederick, Md. 21

230. BURIAL, CREMATION, REMOVAL

FOR

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Bogs, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is mo-

OR ATTENDING PHYSICIAN: The low DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR		CERTIFICATE OF DEATH	RIG. NO.	3 / 8
DECEASED NAME FIRST TYPE OR PRINT) FORM	EY BRADLE	Y HAMBURG	20. DATE OF DEATH MONTH	07-84 7:45PN
Male	White	July 31, DAY 1904 AR	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN REAKX Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUNT Frederick	
CITY OR TOWN OF DEATH Frederick	TI. NAME OF HOSPITAL, NURSIN LIF NOUN SUCH FACILITY CAVE STREET Frederick Memor	ADDRESS) Hospital	(TYPE OF WORK FOR MOST OF WORKING CONCRETE TINIS	12b. KIND OF BUSINESS OR INDUSTRY Per Road Const.
SUAL RESIDENCE (IF NURSING HOME OF 30 STATE 135 COU! Maryland Frec	ROTHER INSTITUTION, GIVE RESIDENCE REFORE NTY ISCOTTY OR TOWN RETICK IT RESIDENCE REFORE IT COMMENTS IN THE PROPERTY OF THE PR		245 Dill Ave.,	DE 21701
FATHER'S NAME Truman On	ville Hambur	rg Annie	MIDDLE	Crutchley
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU		2hs DillisAve	• ,

169	W. II 211-10-0901 Helvin nambu	Freder	ick, Md. 21701
	r only one couse per line for (a), (b), and (c), (USED BY: DIATE CAUSE (a) RESPIRATURY ARRES,	7	APPROXMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if any, which		IC CONTE	NTS
cause (a), stating the underlying cause lost		HYDRO, 2.	to CA-PROSTAT
PART 2 OTHER SIGNIFICA	nt conditions <u>contributing to death</u> but not related to the ter		
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	URY IN ITEM 18 PART 1 OR PART 2)

and the second s			1.00		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1	21c. HOW INJURY OCCURRED 9	ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART?)	
	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STAT
220 1 416 - 41-4 (1) Ab- 1	attended the deceased from	- > 10 FY	1- 7	10	4-400

22a certify that (1) (this haspital) atte saw the deceased alive on obove (1) (we) (did (did not) liew the	5-7 19 8	Y, and that in (n) (our) opinion	death occurred	on the date and ha	ur and from the couses stated
22b. SIGNATURE	004	DEGREE	ATTENDING	MEDICAL	STAFF	22c. DATE SIGNED

1 X. Come	ms.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-1
HYSICIAN'S NAME (TYPEOR PRINT)		22e. ADDRESS	

N- MARKET 10, 1984 Mt. Olivet Cemetery 236. DATE

Frederick, Frederick, M.O.

250. DATE REC'D. BY REGISTRAR 250. DEGISTRAR 4 GONATHO

CT I WAS L. LE TOUR . stepon sufficient to the Table X Staffer CME. reduction to staff store to Det to Letter to test to detect to Total Company Solution Solution Solution remain coefficient control of the co valdidiz. Line of the death, and the day that AND SOLD THE STREET, S 1-12, 12 to the transport of the product of the plant of

STATE OF MARYLAND

-	1	200								
7	1-	FOR STATE REGISTRAR	DEF		ALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 REG. NO		3 /	8	2
		CEASED NAME FIRST	WIDDLE	LA	st		AONTH DAY	YEAR 28	. HOUR	
	(TYPE	Dessie	May H	argett		May 2	0 1984		4:1	51M
	3. SE)	(4 RACE	5. DATE OF	DIM.TT.	6 AGE (IN YEARS LAST BIRTH	(DAY) IF UN		UNDER 24	HR5
	F	emale	Cacausian	May	27 ^{DAY} 1894 ^R	89	YRS.	HS DAYS H	OURS .	MIN.
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR	COUNTY OF	DEATH		
2		ry1and	USA	WIDOWED		Frederick				MD.
1)0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OTHER INSTITUTION	12a USUAL OCCUPATIO		2b. KIND OF B	USINES	S OR
1		ederick	Meridian Nu	rsing H	ome	Housewi	fe	4D031K1		
1		AL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE			
2	M			derick	YES NO.	Feaqavil		217	01	
1	14. FA	THER'S NAME	WIDDIE (V)	SI	15. MOTHER'S MAIDEN NAM			LAST		
9		Oliver	Kef	auver	Liilie	May Nik	irk	thu:		
/		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAI VE WAR OR DATES 2 19-36	L SECURITY NO.	17. INFORMANT	ADDRES	Î Cato	ctin	Ave	
	Ŋ	O (# 123, G)	219-36	-4279	Richard L.	Hargett	Freder	ick, M.	id 2	170
		PART I. DEATH WAS CAUSE MMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CON	melel	T. VAS	RIXEA	Ne.			
	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT N	OT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN I	N PART Ito		
0	0.1	/	mal her	elest	er	In HITODENA	20b. IF YES, WE	DE ENIONIO	CHICED	
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	I WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFYING	G CAUSES OF	DEATH	?
1	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	H DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
7	CAL	OR CONTRIBUTING CAUSE OF DE.	Ain	19						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TOW	н (COUNTY	STA	TE
		220 I certify that (I) (this hasp	ital) attended the deceased	from Desce	2 1977		20 19	8 the	t (l) (we	e) lost
		saw the deceased alive on			that in (my) (our) opinion d	eath occurred on the dat	e and hour one	from the cou	uses state	ed
		276 SIGNATURE	The wind of the second	, / 0	EGREE			22c DATE SIG	GNED	
1		(00)	1 She	07	ATTENDING PHYSICIAN []	MEDICAL STAFF	AN 🗌			
		THE PHYSICIAN'S NAME (1991)	BRIE	= "	THE ACTORESS LEFT	rsou	mes	B		
		SURIAL, CREMATION, REMOVAL SPECIFY)	73b. DATE	23c NAME OF CE	METERY OR OREMATORY	23d. LOCATION	10	KINTY	STA	TE.
	L_'	Burial	5/22/84	Mt. 01	ivet Cem.	Frederic	k,Fred	erick	Md	•
	24 E1	INIEDAL DIRECTOR			25a DATE	PEC'D BY PEGISTRAP 2	S PECISTRAP	SSIGNATUR	E	

DHMH - 16 50M 4/83

IMPORTANT: If Item 21 is morked or Item 18 showpany injury, or other troumotic event, the medical ekan TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

MAY 22 1984 Julia Davidson-Randelle 1621 Opossumtown Pike Stauffer, Frederick, Md. 21701



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

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REG. NO.	II II

	REGISTRAR				4211111	ICATE OF DEATH	REG. NO).	0	0 0
	PECEASED NAME	FIRST	м	IDDLE	(.	AST	20 DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
		rdon		Eugene		HARRIS	May 23,	1981	1	11 A
3. SE	EX	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
,	Male		White		Oct		58	YRS.	WONTHS DAYS	HOURS MIN
In. B	BIRTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8 MAPPIEI	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
]	Maryland		U.S.A		WIDOWE		Freder	rick (County	M
10 0	CITY OR TOWN OF DEAT	Н 11		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATION			F BUSINESS O
Ie.	fferson	100	3800	Brook D			Sercurity			Governm
USU 13a.	UAL RESIDENCE (IF NURSIN	GHOME OR OTH 36 COUNTY Frede		ISC. CITY OR TOW Jefferso	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 3800 Br			2/15
4. F	FATHER'S NAME	AAID	DDLE	1241		15. MOTHER'S MAIDEN NAM	ME		1.45	7
	Gordon	Wi	lliam	Har	ris	Mary	Elizabe	th	Bru	chev
	1.00,	19/11-1	916 one couse per	220-18-	1254	Jefferson,		3800		MATE INTERVAL
	4100 "	MMEDIATE (AS A CONSEQUE	NA OF	les A			15	tous.
	Canditions, if any, gave rise to imme cause (a), stating underlying cause	ediote the	DUE TO, OR	AS A CONSEQUE	ENCE OF	uggine	Men		120	year
TIFICATION	gave rise to imme cause (a), stating underlying cause	ediote the lost.	NDITIONS CO	ntributing to [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND 200 AUTOPSY? YES NO XX	20b. IF YES	EN IN PART 110	NGS USED
EDICAL CERTIFICATION	gove rise to imme couse (a), stating underlying cause PART 2. OTHER SIGNI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER	ediote the lost. IFICANT COI	NDITIONS CO	NTRIBUTING TO D	OPERATION		200 AUTOPSY? YES NO XX	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?

should be detached for use as the burial-transit permit. Then please remove corbangate with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal MPORTANT: If Hem 21 is marked or Item 18 TO FUNERAL DIRECTOR: Dr. Robert S.

injury, ar other troumatic event, the medical

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22b. SIGNATURE

23b. DATE 1981 26,

Hughes

700 Mountclaire 23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

III. ADDRESS

DEGREE

ATTENDING PHYSICIAN

23d LOCATION
CITY OR TOWN
Frederick,

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE SIGNED

14 FUNERAL DIRECTORTH, Keeney & Basford Funeral Home 106 East Church Street, Frederick, Md. 21701 (VRA 15, 4)

saw the deceased alive on____ above, (I) (we) (did) (did not) view the body

256. REGISTRAR'S SIGNATURE

leath occurred on the date and hour and from the causes stated

DHMH - 16 50M 4/83

O HOSPITAL OR ATTENDING

enter the or a real section of the the contract of the contract o Parket Bushows 12 miles 1 long was there in F 100 100 - 19 to the state of the state of the

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1	r			

STATE OF MARYLAND

	STATE REGISTRAR			DEPAR		FICATE OF DEATH	8 GREG	NO I	3	1	8 4	4
	CEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE OF DEAT	-	DAY	YEAR	26 HOUR	-
(TYPE	OR PR(NT)	Emory	0]	liver	HAS	ENEI, Jr.	May	19,	1984		8:25	PM
1.5E		4. R	RACE	, III		OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)		ER I YEAR	IF UNDER 2	
1	Male		White		Feb		37	YR	MONTHS	DAYS	HOURS	MIN.
7a. B.	RTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY	Y? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COU	NTY OF D	EATH		
-	Maryland		US	*	WIDOW	ED DIVORCED	Fred	erick				MD.
1.	rederick	ATH 11.				OR OTHER INSTITUTION Hospital	120 USUAL OCCUP (TYPE OF WORK FOR MC Enginee)	ATION OST OF WORKIN	IG LIFE) 12b	KIND O	f BUSINES trica	S OR
M ₂	AL RESIDENCE (IF NURS	13b. COUNTY Freder		GIVE RESIDENCE BEFO 13c. CITY OR TO Monrov	NWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRE		d Rd.	217	70	
1 17	ATHER'S NAME	MIDE		LAST		15. MOTHER'S MAIDEN NAME FIRST	ME	Ε		LAS	ī	
	Emory	Oliv		senei,		Doris		2254.0	Alb	ert		
Best. V	VAS DECEASED EVER YES, NO OR UNKNOWN)	(1F YES, GIVE WA		166 SOCIAL SEC		17 INFORMANT		DRESS				
_	NO			212-46	-7546	Joan A. Ha	senei,	Iter			MATE INTERV	
	7469 Canditians, if any,			CARD RAS A CONSEQUENCE HEAT	UENCE OF		UTE E A	RRHY	THM	'a		
,	gove rise to immore cause (a), stating underlying cause	which mediate ag the last.	DUE TO, OF	R AS A CONSEQUENCE OF	UENCE OF	Allune, Ac	UTE E A	Tre s/	3775	i A	ND,	
NOIL	gove rise to immoduse (a), stating underlying cause PART 2. OTHER SIGN	which nediote g the last.	DUE TO, OF	R AS A CONSEQ ACM R AS A CONSEQ CONSEQ ONTRIBUTING TO	UENCE OF UENCE OF DEATH BUT	ALLUAG AC U HEATT DISE	UTE E A 95E - AON INAL PHEASEORC	Tre s/	GIVEN IN	PARIL	ND,	
TIFICATION	gove rise to immore cause (a), stating underlying cause	which nediote g the last.	DUE TO, OF	R AS A CONSEQ ACM R AS A CONSEQ CONSEQ ONTRIBUTING TO	UENCE OF UENCE OF DEATH BUT	ALLUNE, AC	UTE E A 95E - AON INAL PHERASEORC	The S/ONDITION - Ven 206 IF	GIVEN IN THE CO	PARI LIME E FINDIN		ace o
CAL CERTIFICATION	gove rise to immoduse (a), stating underlying cause PART 2. OTHER SIGN	which mediate g the last. NIFICANT CON TION DERLYING CAUSE OF DEATH	AUSE (0) DUE TO, OF (c) DUE TO, OF (c) 19b. CONDI	R AS A CONSEQUENCE OF INJURY M. MONTH I	UENCE OF CUENCE OF COMMENCE OF	ALLUAG AC U HEATT DISE	PSE - AONS INAL PISEASE OR C 200 AUTOPSY? YES NO	ONDITION 20b IF IN CEI	GIVEN IN THE SEE THE SE THE SE	PARI LIGHT	GS USED OF DEATH	ace o
MEDICAL CERTIFICATION	gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT	which mediate g the last. WIFICANT CON TION DERLYING	DUE TO, OF DUE TO, OF (c) JDITIONS CC 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE C	R AS A CONSEQUENCE ON TRIBUTING TO	DUENCE OF CONTRACTOR OF CONTRA	AILUAG , ACU HEART DISE I NOT RELATED TO THE TERM	PSE - AONI INAL DISEASE OR C 200 AUTOPSY? YES NO [RED (ENTER NATURE OF	ONDITION 20b IF IN CEI	GIVEN IN GIVEN IN YES, WER RTIFYING YES 18 PART I OF	PARI LIGHT	GS USED OF DEATH	??
MEDICAL CERTIFICATION	gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCURI	which mediate g the last. NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (Ithis haspital)	DUE TO, OF (c) DUE TO, OF (c) DUE TO, OF (c) DITIONS CC 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE C (AT HOME STR	R AS A CONSEQUENCE OF INJURY M. MONTH INJURY M	DUENCE OF CHOPERATION DAY YEAR 19 E. FARM, ETC.)	AILUAG AC WHEAT DISE I NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURS 21l. LOCATION	PSE - AONI INAL DISEASE OR C 200 AUTOPSY? YES NO E RED (ENTER NATURE OF	ONDITION TO IF	GIVEN IN YES, WER RTIFYING YES 18 PART I OF	PART LANDING CAUSES	GS USED OF DEATH NO	ACE POLICE
MEDICAL CERTIFICATION	gove rise to immediate to immediate to immediate the stating of th	which mediate g the last. NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED RED (this haspital) definition on the property of	DUE TO, OF (c) DUE TO, OF (c) 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME STR	R AS A CONSEQUENCE OF INJURY M. MONTH INJURY M	DUENCE OF CONTRACTOR OF CONTRA	PICUAGE AC WHEAT DISC NOT RELATED TO THE TERM NOT WAS PERFORMED 21c. HOW INJURY OCCURS 21l. LOCATION STREET 3 19 DEGREE ATTENDING U	PSE - AON, INAL PISEASE OR C. 200 AUTOPSY? YES NO E RED (ENTER NATURE OF CITY O deoth occurred on th	ONDITION TO S/ ONDITION TO S/ TO S/ ONDITION TO S/ TO S	GIVEN IN FINE CONTROL YES, WER RTIFYING YES 18. PART I OF	PARILLE EFINDING CAUSES R PART 2)	STA	TE a) lost

O FUNERAL DIRECTOR, After the centicate has been up-hould be detached for use or the build-frontif permit. Then with the State Dept. of Health and Mental Hygiene prior to bi-

APORTANT, If Item 21 is marked or Item 18 sha

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial May 23, 1984 Woodlawn

24 FUNERAL DIRECTOR Olin L. Molesworth, P.A., Damascus, Md.

Baltimore, Mryland REGISTRAR 25% REGISTRAR'S SIGNATURE 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE MAY 25 1984 Fuha Javidson-Randsee

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	toult	rino	.17 , 10 978	novir	f.i.o.
	conei,	Josh '. I's	1 (1) m 1 m 1		0

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Euricl -7 23,1924 Moodlewn

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Laft oro, coretfal

onla L. Loisevorth, P. C., Marcole, Co. Marcole St. Adv. Roy London

Green Velley, com in. d. 2170

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical

STATE OF MARYLAND

FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	0 1	3 / 8 5
DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b, HOUR
TYPE OR PRINT) Roger	Page	HECK	May 26, 1984	6:30 A.
SEX	1 A RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	Aug. 18, 1915	68 yps	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	DV2 8	BALTIMOPE CITY OF COUNTY	OF DEATH
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Frederick (County, MD.
CITY OR TOWN OF DEATH Thurmont		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Engineer	126 KIND OF BUSINESS OR
SUAL RESIDENCE (IF NURSING HOME CO. STATE 135. COU	ROTHER INSTITUTION, GIVE RESIDENCE BE INTY ederick Thurn	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS ONT YES A NO	? 130.SIREET ADDRESS / ZIP CODE 707 E. Main St	
FATHER'S NAME Charles	Modle Heck LAST	15. MOTHER'S MAIDEN Elizabe	th D. G	lbert LAST
WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SI DE WAR OR DATES) 214-10-		707 East Ma	ain Street
	DUE TO, OR AS A CONSE	QUENCE OF	MISEASE OR CONDITION GIVE	YEARS
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DI [IF ETHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18. F	
AT WORK AT WORK	pital) attended the deceased fra	ım19	ta	19, that (1) (we) last
saw the deceased alive a	n		ion death accurred on the date and hou	
22b. SIGNATURE	o) view the bady after death.	ha DEGREE ATTENDIN	G MEDICAL STAFF	22c DATE SIGNED 5-29-84
Dr. Sherman		The ADDRESS	enth Street, Frede	mick Ma 2170°
BURIAL, CREMATION, REMOVA		34 Web C De V		rick, Md. 2170
Burial /		Mt. Olivet Cemeter	CITY OR TOWN	county STATE
FUNERAL DIRECTOR / SMITH Keeney as	101 6 6.111	ral Home	DATE REC'D. BY REGISTRAR 250. REGIST	

DHMH - 16 50M 4/83 (VRA 15, 4)

05.9	ther are well		200 200		
		Mer 18, 1915			and a second
	of the about	14	1.6.0	in in the second	A Secretary
	megt at	deeds.s	tel dest for	John Marin	
			Lewis Contrabos		
draw	Etc	Certain 104	sine .	ne Street	
Janes Land	denie, otograpani, in	nefert but 100		1.5	
	I TIMORE		* 0 A		
12 15 15		(D)	ور الأوا	75	
			a contain		
		UL AND AND A	Taber of de	medican in the	

STATE OF MARYLAND FOR

Charles

4 RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE TO THE TOWN AND THE PROPERTY OF THE PROPE

Frederick

I (IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

WW

18 CAUSE OF DEATH (Enter only one cause per line for

MIDDLE

Black

TE CITIZEN OF WHAT COUNTRY?

Edward

Frederick Memorial

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

Libertytown

Henderson

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIVORCED [

13d INSIDE CITY LIMITS?

17 INFORMANT

IS. MOTHER'S MAIDEN NAME FIRST

Elsie

Marge Henderson

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

ATTENDING

PHYSICIAN

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

CERTIFICATE OF DEATH	8 4 REG. NO.	3	1	8	Ó
Henderson	20 DATE OF DEATH MONTH	0/1	YEAR 984	26 HO	JR
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
MONTH OAY YEAR 22	62 YRS.	MONTHS	DAYS	HOURS	MIN.
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

Frederick

11936 Main St.

Libertytown.

176 KIND OF BUSINESS OR

school

Jones

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

month

5 years

20b. IF YES, WERE FINDINGS USED

COUNTY

YES [7

IN CERTIFYING CAUSES OF DEATH?

INDUSTRY

12n. USUAL OCCUPATION

13e STREET ADDRESS

(TYPE OF WORK FOR MOST OF WORKING LIFE)

11936 Main St.

MIODLE

maintenance

CERTIFICATION

MEDICAL

- STATE

3 SEX

1. DECEASED NAME TYPE OF PRINTS

REGISTRAR

Male

Maryland

Frederick

Maryland 14 FATHER'S NAME

(YES NO OR UNKNOWN)

underlying

Yes

To BIRTHPLACE STATE OF FOREIGN

Frederick

Conditions, if phy, which gove rise to immediate cause (o), stating

190 DATE OF OPERATION

71d INJURY OCCURRED

AT WORK

22b. SIGNATURE

71a. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS

poge ō 0 à has certificate DIRECTOR: + be deto FUNERAL MPORTANT: should be with the

F. STONER, 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial

220.1 certify that (I) (this haspital) attended the deceased from

sow the deceased glive on == 1 10 obove, (1) (we) (did) (did not) view the body after death

Restrawen Memorial Gardens

DEGREE

Mean ION

MEDICAL

20n AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOF

CITY OR TOWN

STAFF

and that in (my) (art) opinion death occurred on the date and hour and from the causes stated

DIRECTOR | PHYSICIAN

22c. DAJE SIGNED

216. TIME OF INJURY

P.M

THE PLACE OF INJURY

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS

211 LOCATION

Frederick Frederick MD SUPREGISTEAR'S SIGNAT

BP. DHMH - 16 60M 1/75 (VRA 15 (4))

description of the second seco

Made the Beart State of the Section of the Section

OR ATTENDING PHYSICIAN: The low ar attending physicion

retained by the haspitol TO HOSPITAL

requires that the death certificate be executed within 24 hours after death. Page 4 may be

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		1	L	a	
_	-	1		,	
_		ш	F		

poge 3

STATE OF MARYLAND

1.	FOR - STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL H	YGIENE 8	REG. N	10.	3	1	8 7		
	CEASED NAME	FIRST		WIDDLE		LAST	20. DATE	OF DEATH	MONTH	DAY Y	EAR	2b. HOUR		
		Anna			Jol	nnston		May	23,	1984		6:50 Am		
3. SE	× Female	4.	Whi	te		of BIRTH ne 29, 1914	6. AGE (69	RTHDAY)	IF UNDER		IF UNDER 24 HRS HOURS MIN.		
/	RTHPLACE (STATE OR F LOUNTRY) Italy		US		WIDOW		F	rederi	ick C	ounty	2	MD.		
,	Monrovia		(IF NOT IN SUC	796 Cold	ADDRESS) Brook		(TYPE OF W	ALOCCUPAT ORK FOR MOST USEWII	OF WORKING			BUSINESS OR		
130. 3	Maryland	13b COUNTY Freder		136. CITY OR TOWN Monrovia	N	13d INSIDE CITY LIMITS	117	96 Col	d Br	ook D	r. 2	21770		
14 F4	Vincenzo	MID	DLE	Scuter	i	15 MOTHER'S MAIDEN FIRST Olivi		WIDDLE		unkne	LAST OWN			
	VAS DECEASED EVER YES NOOR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		343-28-1		Woodrow E.	Johns	ton,		em 13				
Z		nediate g the lost.	DUE TO, O	r as a conseque	MCE OF	METASTATE BLAF NOT RELATED TO THE TE	DOER NHL 1	PALLO						
CERTIFICATION	198. DATE OF OPERAT	NON	196 COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	200 AU	TOPSY?	IN CERT	ES, WERE FIFTING CA				
	2 to ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	1	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJU	IRY IN ITEM 18	B PART I OR PA	RT 2}			
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC)	21f LOCATION STREET	- 2	CITY OR TO	оwи • • • • • • • • • • • • • • • • • • •	COUN	aty	STATE		
	220. I certify that (I) sow the decease	d alive on	ottended the	e deceased from		nd that in (my) (our) opini	on death occur	rred on the d	ote and he		m the c			
	22b. 55 70 PORS	ser	ren	hr.		DEGREE ATTENDING PHYSICIAN		L STA		220.	DATE S	13/82/		
	22d. PHYSICIAN'S MA	-	INT)	M LOPAN		22e ADDRESS	one	way	12-5	WARY	in	nd 2 m		

BP.

should be detoched for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion

IMPORTANT: If Item 21 is marked at Item 18 shows ony

injury, or other troumatic event, the

DHMH - 16 50M 1/B1 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIF Burial May 26, 1984

234. NAME OF CEMETERY OR CREMATORY Providence

23d. LOCATION
CITY OR TOWN
Kemptown

24 FUNERAL DIRECTOR

Olin L. Molesworth, P.A. Damascus, Md.

Frederick, Md. 25b. REGISTRAR'S SIGNATURE

1. Navidson-Randall

34.-2-1'6. Codron 3. cameton, Tips 13

triy x x rederich bunty,

corrovie 11790 Colf Prock Pr. Courselife

empland rederic x 11700 Lold around 1. 1770

discerso Souteri divie uninoun

e town, rearlet, .1.

in . o seworth, . . . reserous, in.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be etained by the haspital or attending physician.	1
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filed within 72 hours ofteg death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If hem 21 is marked or Item 18 shaws drive injury, or other troumotic event, the medical examine must be not less.	

STATE OF MARYLAND

3	REG. N	10.	3	1	8	8
TE O	F DEATH	MONTH	DAY	YEAR	2b. HO	UR

1-	STATE REGISTRAR			DEPARTM		ICATE OF DEATH	LHIGIEN	8 GEG. NO		3 /	88	
	CEASED NAME	Leah	1	Leona VmN	V	Jones ONES	20		MONTH DA	V YEAR	26. HOUR	F
3. SE.	x		4. RACE		5. DATE C			AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR	
	Female		Cauca	asion	Dec		98	85	YRS	DNIHS DAYS	HOURS MI	٥.
	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	0	BALTIMORE CITY O		OF DEATH		-
	Iowa		TT.S	S.A.	WIDOWE			Frederi	ck Co	untv	,	MD.
10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	N 12	. USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS C	_
	Frederic	ck		HEACILITY, GIVE STREET A		1 Hospita		YPE OF WORK FOR MOST OF Housewif		INDUSTRY	Home	
	AL RESIDENCE (IF HURS	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMI		STREET ADDRESS				
	arvland			Frederi		YES TO NO			ate D	rive/	2170	1
	ATHER'S NAME				CIL	15 MOTHER'S MAIDE						_
	FIRST	,	AIDDLE	LAST		FIRST	OLID	MIDDLE		TAS	ST	
160	unknown vas deceased ever	IN II S ARA	AED FORCES?	16b SOCIAL SECU	PITY NO	unkno	OWII	_ ADDRE	SS			
	YES, NO OR UNKNOWN)		WAR OR DATES)	228-64-			Jone	252 W s, Frede	yngat rick,	e Dri Md.	ve 21701	
TION	Stat	mediate ag the elost.	ONDITIONS CO	LLKS Z	NCE OF	NOT RELATED TO THE O C V-A N WAS PERFORMED	E TERMINA			N IN PART 1		
CERTIFICATION	190 DATE OF OPERA	ION	196. COND	II ION FOR WHICH	OPERATIO	N MY2 SEKLOKWED		YES NO		ING CAUSES	OF DEATH?	
MEDICAL CER	21a, ACCIDENT WAS UNI OR CONTRIBUTING (FEITHER, NOTIFY MEDI 21d INJURY OCCUR! WHILE NOT WAN AT WORX	CAUSE OF DEA	P. 21e. PLACE	M. MONTH DA	19 ARM, ETC)	211 LOCATION STREET	CCURRED	ENTER NATURE OF INJUI		COUNTY	STATE	
	22d. PHYSICIAN'S N	AME (TYPE OF) view the body	ofter death.		nd that in (my) (our) op DEGREE ATTENDI PHYSICI 22e ADDRESS	ING _ /	th occurred on the deliner of the de		ond from the	2.4	ost
23a (BURIAL, CREMATION, (SPECIFY) Buria		23b. DATE 5/29			emetery or cremativen Mem. (23d LOCATION CITY OF TOWN Frederi	ck,Fr	ederi	ick, Md	

DHMH - 16 50M 4/83

Burial
24 FUNERAL DIRECTOR G.Douglas Stauffer, Frederick, Md. 21701

Resthaven Mem Gar. Frederick, Frederick, Md.

Sumtown Pike
rick, Md. 21701

(VRA 15, 4)

BP.

Office said Tike the cale PART COMPANY

4	1.	FOR STATE REGISTRAR			DEPAR	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE	REG. NO). I	3	1	8 9
		CEASED NAME CORPRINE)	e//	2 7	da	Kei	pler	^,	2a DATE	OF DEATH	MONTH 17	198	AR 21	9 4 AM
	3 SE	Female	4	RACE	e	Oet.	21 DAY	1908	6. AGE 1	IN YEARS LAST BIRT		IF UNDER 1		UNDER 24 HRS
tolecompany		RTHPLACE (STATE OR FO	reign 7	U.S.	WHAT COUNTRY	2 8	D NEVER	MARRIED		ore city of	COUNTY		Н	MD.
s ofter d		Trederick	н 1	CIE NOT IN SUC	HOSPITAL, NURS HEACHITY GIVESTRE TICK M	T ADDRESS)		spital		AL OCCUPATION OF THE PROPERTY			ND OF B	SUSINESS OR
24 hour filled in 1 ould be f	USU 13a	AL RESIDENCE (IF NURSIN STATE	FIEC	THER INSTITUTION	13c CITY OR TO Middle	PRE ADMISSION)				T ADDRESS /	ZIP CODE			21769
E, MARYLA completely is 1 and 2 sh	14. F/	THER'S NAME FIRST CHARLES	M	IDDLE	HARSI	IMAN	15. MOTHER	'S MAIDEN NA/	ME	WIDDLE		RANI	LAST	
IMORE, M. Se executed compose a comp		WAS DECEASED EVER II		ED FORCES? WAR OR DATES)	213-16	URITY NO.	17 INFORM.	ANT	enle	ADDRE	SS 21	769). N	/d.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the hospital or attending physician of completely filled in by thould be detached to use on the build treat. Then please remove carbonopers. Pages 1 and 2 should be filed in by the office better that the state that the build treats the prior to buriol, cremotion, or removal. WPDRTANT: If hem 21 is marked or from 18 shows ony injury, or other troumotic event, the medical states before	MEDICAL CERTIFICATION	Conditions, if any, gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN 21g. ACCIDENT WAS UNDION CONTRIBUTING CONTRIBUTING CONTRIBUTING CHE EITHER, NOTIFY MEDIC. 21d. INJURY OCCURRIATION OF CONTRIBUTING CONTRIBUTION C	WILLE OF DEATH	BY: CAUSE (o) DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) DUE TO, O (c) DUE TO, O (d) DUE TO,	R AS A CONSEQ R ASSA CONSEQ ONTRIBUTING TO IT INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE e deceased from	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21c HOW III 211 LOCATI STREE	ORMED NJURY OCCURR ON 100 110 199 ATTENDING PHYSICIAN	20a AL YES	OTOPSY? NATURE OF INJUR CITY OF TOV	IN CERTIFYED IN CERTIFYED IN CERTIFYED IN CERTIFY YE WITH THE REPORT OF THE REPO	EN IN PA	RI Iro	STATE STATE STATE STATE STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial May21,1984

STATE

24 FUNERAL DIRECTOR Thompson Funeral Home

23b. DATE

230 NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery Middletown Fred. Md.

21769

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY 2, 2, 1984 Julia Davidson-Rendere Middletown, Md.

made Tale olaf ping yr Table and the first table of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the t should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pag: I and 2 should be filed wit with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

injury, ar other traumatic event, th

IMPORTANT: If them 21 is marked or them

STATE OF MARYLAND

	" "	11.0		MIX 1 1	- Parato	
DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIEN
CEI	RTI	FIC	ATE	OF	DEATH	

1 57475	DEPARIN		JIENE	
- STATE REGISTRAR		CERTIFICATE OF DEATH	8 RIG. NO.	3 7 9 0
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	FRANKSS	KILBOURNE	5	19 94 630 04
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	WHITE	MONTH DAY YEAR	75 YR	MONTHS DAYS HOURS MIN.
O. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUR	
Texas	U.S.A.	MARRIED NEVER MARRIED	Frederick,	MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
PREDERICK	FREDERICK M	EMORIAL HOBATAL	Ret. Tel. Ope	r. None
JSUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COUNTY)			13e STREET ADDRESS / ZIP CO	ODE
MARYLAND FRS	DERICK FREDER	CICK YES & NO []	GOR! PLEASANT	DRIVE ZITOI
4. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
Wilbourn	P. Pierce	Ella	Be	eatty
60 WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS 37	02 Coll Crest Dr.
(YES, NO OR UNKNOWN) (# YES, GIV	VE WAR OR DATES) 457-01-	7066 Mr. Wilbour	n L. Pierce Je	fferson,Md.21755
	DUE TO, OR AS A CONSEQUE	PATIC 10 LIVE		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTION CONTRIBUTION OF DE			RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART?)
OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC.) 21f. LOCATION STREET	d Thata	COUNTY STATE
sow the deceased alive above, (I) (alive did no	the deceased from	, and that in (my) tank) opinion	depth occurred on the date and	hour and from the causes stated

Gerald R. Winnan, M.D.

198 Thomas Johnson Dr. Frederick,

23d LOCATION
CITY OR TOWN
La Mirada, Los Angeles, Calif. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) THE DATE May 24, 1984 Olive Lawn Mem. Park

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital

BP.

The same and the same and CASTUR CARDING ONA

FOR STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Female

7a. BIRTHPLACE FOREIGN COUNTRY Maryland

130. STATE

ID. CITY OR TOWN OF DEATH

3. SEX

JENNIFER

Caucasian

4 RACE

. DA

n 1

11. N (IF Fr E OR OTHER

U

ME	STATE OF A DEPARTMENT OF HEALTH EDICAL EXAMINER'S (H AND MENTAL HY			No. "X	7 9 1
	NN KOBELIS	LAST		OF ESTI- DEATH MATED	1	DAY YEAR 25. HOUR 84 19 M
O-14-	YEAR LAST BIRTHDAY) MONT	NDER TYR. IF UNDER 2	MIN. P	2c. DATE PRONOUNCED DEAD	монтн 5-1-	0 1 11
.S.A.	MARR WIDOW SPITAL, NURSING HOME, OR OTH ACLIUTY, GIVE STREET ADDRESS) CK Memorial Hosp	MED DIVORCE	D []	P. BALTIMORE CITY OR COUNTY OF DEATH Frederick County MD UAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY NONE ONE—Infant None		
eder 10 Institution, c	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Brunswick			ET ADDRESS East "A"	Street	± 21716
E	Kobelis	15. MOTHER'S MAIDEN Shirley	NAME	WIDDLE	Snyc	der
PRCES?	None-Infant	Mrs. Shirl	ley S	ADDRE S. Kobelis	16 E	E."A" Street
SE (a)	se far (a), (b), and (c),) Sudden infant de R AS A CONSEQUENCE OF	ath syndrom	e			APPROXIMATE INTERVAL BETWEEN OPEN TAND BE ATH

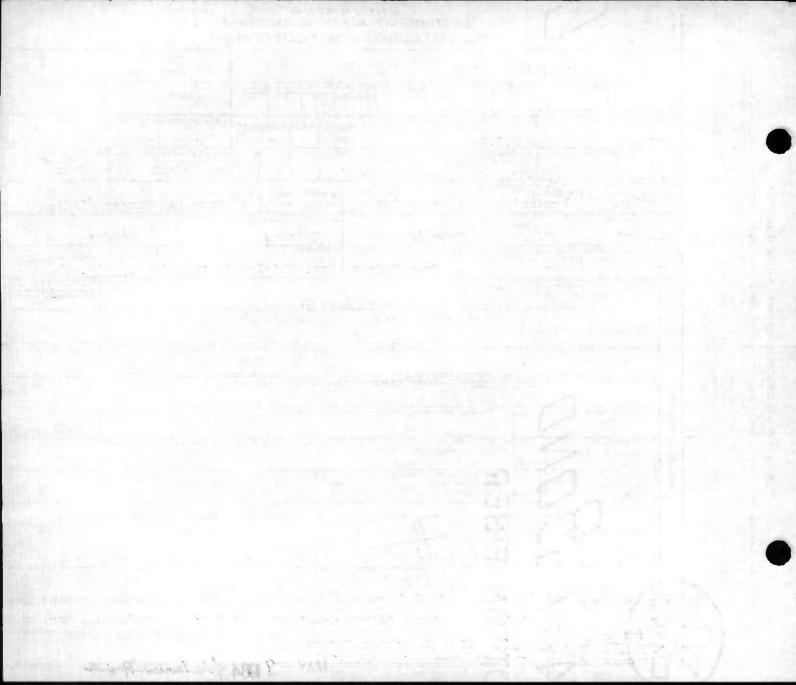
	Ma	ryland	Frederick	Brunswick	YES NO	16 East "A" S	Street 21716	
2/1	14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST	
0	Ri	chard	T .	Kobelis	Shirley	Model	Snyder	
		ES, NO, OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NO	None-Infant	Mrs. Shirle	ADDRES ey S. Kobelis	16 E."A" Stre	et
	Z	PART I DEATH W 1980 Conditions, if a gove rise to couse (a) stating lying cause last.	/AS CAUSED BY: IMMEDIATE CAUSE (a)_ any, which immediate g the under- (c)_ (c)_	er line for (a), (b), and (c),) Sudden infant de O, OR AS A CONSEQUENCE OF D, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEA			APPROXIMATE INI BETWEEN OPSTITZIN	ERVAL DEATH
7	AL CERTIFICATION	190. DATE OF OPERA 210 EXTERNAL CAU UNDERLYING CONTRIBUTING	SE WAS 216. TI.	ME OF INJURY R A.M. MONTH DAY YEAR P.M. 19		LENTER NATURE OF INJURY IN ITEM 18		vo 🗆
	MEDICAL	214 INJURY OCCUR	RÉD 21e PE WHILE STRE		OCATION STREET	CITY OR TOWN	COUNTY	STATE
4		220. I certify that death results from	0	Accodent , Suicide	TITLE (SPECIFY) A.D. Deputy Chi	Undetermined manner	DATE 5-2-84	
X		EXAMINER'S NAME (TYPE OR PRINT)	Thomas D.	Smith, M.D.	ADDRESS 111 Penn			
	Bu	URIAL, CREMATION, R PECIETY I II a 1	5/5/19	84 Mount Olive	Cemetery		rederick, Mary	land
	23/45	ment plices all	1.0.11	poss 201 N. Market S	Street 250. DATE REC	C'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE	

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP.

Frederick, Md. 21701. Son Dailen PA

8 1984 Julia Davidson Montal



STATE OF MARYLAND

DATE OF BIRTH MONTH

MARRIED A

WIDOWED

Leatherman

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU

Luther

*Cacausian

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IE YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

22a.1 certify that (1) this haspital) attended the deceased from

saw the deceased alive an obove (we) (did not) view the body after death.

23b DATE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

Frederick

Luther Elmer Leatherman

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS

Conditions, if lony, which gave rise to immediate cause (a), stating

underlying cause

19a DATE OF OPERATION

22h SIGNATURE

22d. PHYSICIAN'S

238 BURIAL CREMATION, REMOVAL

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIEY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

16 CITIZEN OF WHAT COUNTRY?

Trederick Memorial

Thurmont

LAST

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Sherman Kahan,

21b. TIME OF INJURY

21e. PLACE OF INJURY

166 SOCIAL SECURITY NO

2 18-34-39 17

CONTRIBUTING TO DEATH BUT NOT RELATED TO

19b. CONDITION FOR WHICH OPERATION WAS PERFORME

DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

and that in my (our

OF MAKILAND				
ALTH AND MENTAL HYG	IENE			
CATE OF DEATH	Q	1 7	2 1	0 0
CATE OF DEATH	RES. NO) /	a line
T	20 DATE OF DEATH	NONTH DAY	YEAR 21	HOUR
110. 4 1			211	2300
4EEM N		1 -11-6	77	M
BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNE	DER I YEAR	UNDER 24 HRS
DAY YEAR	30	MONTH	S DAYS F	OURS MIN.
24-1906	//	YRS.	1	
%	9 BALTIMORE CITY OF	COUNTY OF D	EATH	
NEVER MARRIED	Freder	ick		
DIVORCED [MD.
OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 12	KIND OF E	BUSINESS OR
	(TYPE OF WORK FOR MOST OF Retired	WORKING LIFE) IN	DUSIRY Farn	ning:
	Hermed		Lari	mig
138 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	0.100	30
YES 🔣 NO 🗌	13718 Hijls	side Ave	. 2178	38
15 MOTHER'S MAIDEN NAM				
EIRST	MIDDLE DOLLE	. 7 7	LAST	
	ch Bell Powe			
17 INFORMANT	1370BBES	Hillsid	e Ave	
Dybal Tacth	- ,			5
Ethel Leathe	erman inurme	nt, Ma.	21788	
			APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
4 4410011	SWBOZISM		1 1	12-1
MONBALY	7.070-63/-1		I V	/ /
		- 1		
		i		
OT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN IN	PART Ito	
on				
	To see a			
WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WEF IN CERTIFYING	CALISES OF	SUSED
	YES T NOT	YES [NO [
21- HOW BUILDY OCCUPE				
21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM TE PART I O	RPART 2)	
211, LOCATION				
STREET	CITY OR TOW	/N C	OUNTY	STATE
10	1 12	//	D-7 .	
19 9	, to	/-/ , 19 <u></u> -	4, the	(we) last
that in my (our) opinion o	death occurred on the da	te and hour and	from the car	uses stated
- CORE		1,	2c. DATE SK	CHIED
EGREE			ZC. DATE SK	SNED
ATTENDING PHYSICIAN	MEDICAL STAF		5-11-	-82
PHISICIAN E			- '/	
22e ADDRES 4 West	Seventh St.			
	ick, Md.			
METERY OR CREMATORY	23d. LOCATION			****
des Comptan	CITY OR TOWN	Enodon		STATE
dge Cemetery	Thurmont			
ain St. 250 DAT	REC'D. BY REGISTRAR	SE REGISTRAR'S	SIGNATUR	1.00

ofter filed d be filled 0 pu executed medical carbon popers. Pages event, the phys or other troumotic deoth thot buriol, should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior ta been morked or Item 18 shows ATTENDING FUNERAL DIRECTOR: MPORTANT: If Item 21 is HOSPITAL 0

FOR

REGISTRAR I. DECEASED NAME

ID. CITY OR TOWN OF DEATH

Frederick

(YES, NO OR UNKNOWN)

larshall

- STATE

7a. BIRTHPLACE

Md.

CERTIFICATION

MEDICAL

14 FATHER'S NAME

No

BP DHMH - 16 50M 4/83 (VRA 15, 4)

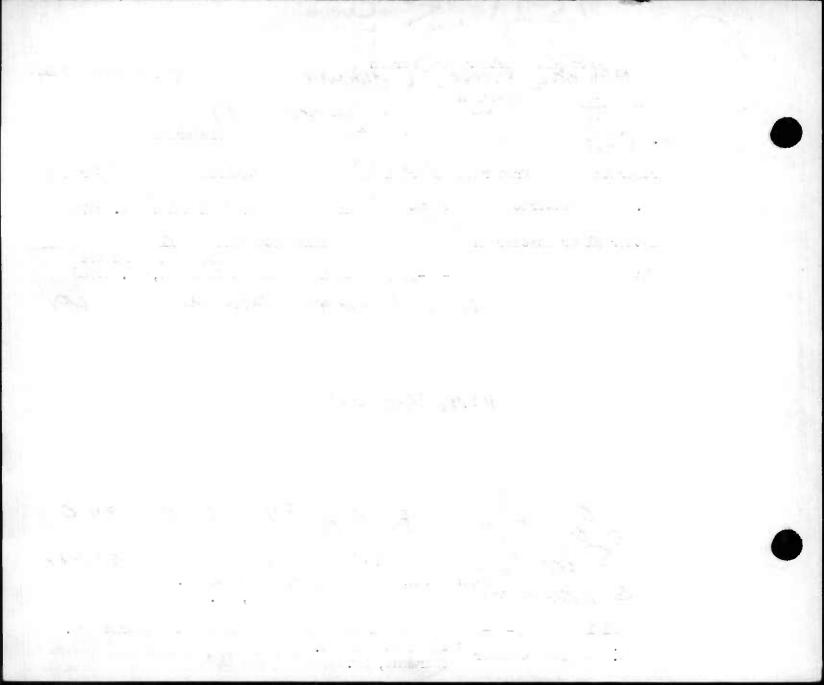
Burial

23c NAME OF CEMETERY OR CREA Blue Ridge Ceme

DEGREE

24 FUNERAL DIRECTOR Douglas Stauffer

104 East Main St. Thurmont. Md. 21788 MAY 22 1984



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, or other troumotic event, th

MPORTANT, If Item 21 is marked ar Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Η,	- STATE REGISTRAR			CERTIF	ICATE OF DE	ATH	& REG. N	STAFF HYSICIAN THE MONTH DAY YEAR 126. HO TO STAFF HYSICIAN TO STAFF HOUNTY TO STAFF HO	9 3	
1 D	PECEASED NAME FIRST PEOR PRINT) George			Lir	nton		20 DATE OF DEATH		26. HOUR 7:10A M	
3. 5		4 RACE					6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	/ Male	REGISTRAR CRETITICATE OF DEATH ASED NAME FIRST George Otmer Linton 10 DATE OF DEATH MODITION 10 DATE OF DEATH MODITION 11 AND OF HOSPITAL, NURSING HOME OF OTHER HISTITUTION WITTING IN HISTITUTION 12 DATE OF DEATH MODITION 13 MARRIED NORGED 14 RACE MODITION WITTING WITTING						ONTHS DAYS	HOURS MIN	
76	BIRTHPLACE (STATE OR FOREIGN	MODIE OTMER Linton Take	OF DEATH							
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P					Home			F WORKING LIFE)		rv
US	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GI	OF INTERIORE	AOMISSION)					1 100.	2100
130	Md Fre	derick	Kevmar	4			12301 Wa	rner	Rd.O	4/15
Ty.	FATHER'S NAME		ato j atox		15 MOTHER'S	MAIDEN NAM	ΛE	BERTHDAY) BIRTHDAY) BIRTHDAY AND BIRTHDAY BIRTHDAY BOOK COUNTY BOOK COUNTY OF DEATH COUNTY BIRTHDAY BAPPACKIMATE INT BETWEEN ONSET AN CAST Keiste BAPPACKIMATE INT BETWEEN ONSET AN CAPPACKIMATE INT BETWEEN ONSET AN COUNTY BOOK COUNTY BOOK COUNTY COUNTY BOOK COUNTY BOOK COUNTY COUNTY STAFF SICIAN COUNTY STAFF SICIAN COUNTY SOUNTY SOUNTY COUNTY SOUNTY SOUNTY COUNTY SOUNTY SO		
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160			SOCIAL SECUR	RITY NO.			12	301 W	arner	Rd.
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			e for (o), (b), and	18:1-0	0 1	-			BETWEEN	ONSET AND DEATH
П			Misorcan	dich	inform ch	NON			12-6	www
Н	1872	DUE TO, OR A	AS A CONSEQUE	NCE OF	0 0		~		9.	
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	cause ial, stating the	DUE TO, OR A			right	wit	h		10.4	for
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CERTIFICATION	19a. DATE OF OPERATION	. 19b. CONDITIO	ON FOR WHICH (OPERATIO	N WAS PERFOR	MED		IN CERTIFY		
	OR CONTRACTOR CALLER OF DE	110110 4 14		Y YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		INTUIDY	19	216 LOCATION					
MEC				RM, ETC.)	STREET	`	CITY OR TO	VN	COUNTY	STATE
	sow the deceased alive an	5 29	19.5	9	71	of) apinion o	to 5/2	ote and hour		that (I) (we) lost couses stoted
	22b. SIQNATURE	ton D		5	- 1	TENDING TYSICIAN	MEDICAL STA	FF CIAN []	22c DATE 5/2	SIGNED 4/84
	11. = 6 6		r, Jr		27e ADDRESS WA-L	KENS	UILLE, A	1d21	793	
23 a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CR	EMATORY			COUNTY	STATE
	Burial	5/26/8	4 Har	ughs	Cemet	erv	Ladiesb	ure F	red.	MD
24	FUNERAL DIRECTOR	50	1		mo	25a. DATE	REC'D. BY REGISTRAN	256 ROISTR	AR'S STATA	Take.

10+	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	RIG. NO.	1 3 7	9 4
1 21		On en	rnest .	Beverly		FORD	2a. DATE O	FDEATH MONTH	DAY YEAR	7350 A
to be be	3. SE)	/ Male	4 RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTHDAY)	WE UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN.
		RTHPLACE ISTATE OR FOR COUNTRY) Virginia	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED		rederick	NTY OF DEATH	M
201 yrs after by the filled with	-	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACHUY, GIVE STREET	IG HOME O	ROTHER INSTITUTION	CTYPE OF WO	OCCUPATION RK FOR MOST OF WORKIN Collecte	GUEL INDUSTRY	ty Gov
212 A in be f	USU/ 13a. S	AL RESIDENCE (# NURSING		13c. CITY OR TOW Damas Cu	N I	13d. INSIDE CITY LIMIT	13e.STREET 261	ADDRESS / ZIP C	ode ernon Ave	. 20872
within within d 2 sh	14. FA	THER'S NAME FRST Vaden	WIDDLE	Lipford		15. MOTHER'S MAIDEN		MIDDLE	Druen	51
IMORE, e execut n ond ca Pages 1		VAS DECEASED EVER IN		166 SOCIAL SECU		17 INFORMANT Rebecca M	Tool Land	address	n 13	
W. PRESTON ST., at the death certific by the attending ph se remove carbonp cremation, ar rema		PART I. DEATH WAS	DUE TO, C which (b)_	OR AS A CONSECULIA OR AS A CONSECULIA	ENCE OF	Chronic	FAI Reno	P Failu	BETWEEN	MATE INTERVAL OMSET AND DEATH
Se es	NOI	PART 2. OTHER SIGNIF	(L) M;		DEATH BUT		The or	BOSIS.	GIVEN IN PART I	0
law law sony	CERTIFICATION	19a DATE OF OPERATK	ON 196 CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUT		YES, WERE FINDION RTIFYING CAUSES	
NOF VI		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR A	.M. MONTH D.	AY YEAR	21c. HOW INJURY OC	CURRED (ENTERN	ATURE OF INJURY IN ITEM	18 PARI (OR PART 2)	
OIVISION OUTPUT	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIN TTENDIN TOR: Aff for use as af Health		saw the deceased	alive on 13	19_	3 127 84 . on	od that in (my) (aur) api	nion death accurr	ed on the date and		that (I) (we) las causes stated
ALOR A Value has All DIRECT AL DIRECT AL DIRECT AL DIRECT AL DIRECT AL AL ALT. If Item		226. SIGNATURE	nii OS	ove	C	DEGREE ATTENDIN PHYSICIA	IG MEDICAL N MEDICAL	STAFF	22c. DATE	SIGNED
O HOSPIT stoined by O FUNER hould be o with the Sto		PRAFUL		DAVE		3 West	つから	+ Fre	clevich	2170

23c. NAME OF CEMETERY OR CREMATORY

Damascus Meth.

23d LOCATION

CITY OR TOWN

Damascus, Montgomery,

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

24 FUNERAL DIRECTOR Molesworth, P.A., Damascus, Md.

May 4, 1984

BP.

in the fac of the state of

050

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(True to the form

'dri. Collector Jones Collector Jours, Jan 15.

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leden L. Lineard Siteman

297 :40 73-0-23 Boucous . Lipford, The 13

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Type of work for working large species Type of work for working large work for working large species Industry Ind	REGISTRAR I. DECEASED NAME (PEC) ARCE White Oct. 1. S. DATE OF BRTH DOWN ARCE White Oct. 1. S. DATE OF BRTH DOWN ARCE White Oct.	PECASED NAME 1851 ARCE MADEL	CERTIFICATE OF DEATH	THE STATE REGISTRAR DEFENSE TRACE TRACE	I	tem #1 Film #G5	94	STATE OF MARYLAND		
To date of Death Month DAY TEAN The Houre	Common C	T. DECRASED NAME TABLE T	The period of the property of the period o	LOCECASED MANE TREE MARKED MARK	1.	- STATE	DEPARTI		9 1	13/95
Female White Oct. 11, 1908 75 YRS. **PRODUITS DATA HOUSE IN ARRIED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 **PRINTIPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY)** **PRINTIPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY)** **PRINTIPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY)** **MARRIED TO NEVER MARRIED TO STATE 75 YRS. **MARRIED TO NEVER MARRIED TO STATE 76 CITIZEN OF WHAT COUNTRY)** **MARRIED TO NEVER MARRIED TO STATE 76 CITIZEN OF WHAT COUNTRY)** **MARRIED TO NEVER MARRIED TO STATE 76 CITIZEN OF WHAT COUNTRY)** **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER COUNTRY OF DEATH **MARRIED TO NEVER MARRIED TO NEVER TO NEVER MARRIED TO NEVER INSTITUTION **MARRIED TO NEVER MARRIED TO NEVER MARRIED TO NEVER INSTITUTION **MARRIED TO NEVER MARRIED TO NEVER MARRIED TO NEVER INSTITUTION **MARRIED TO NEVER MARRIED TO NEVER MARRIED TO NEVER INSTITUTION **MARRIED TO NEVER MARRIED TO NEVER MARRIED TO NEVER INSTITUTION **MARRIED TO NEVER MARRIED TO NEVER MARRIED TO NEVER INSTITUTION **MARRIED TO NEVER MARRIED TO NEVER MARRIED TO NEVER INSTITUTION **MARRIED TO NEVER MARRIED TO NEVE	Female	Female White Oct. 11, 1908 75 YRS. OCHOR DATA PURES WARRIED NEVER MARRIED MARRIED NEVER MARRIED MONORCED Trederick County MARRIED NEVER MARRIED MONORCED MONORCED Trederick County MONORCED MONORC	Female White Oct. 11, 1908 75 YES WARRIED NEVER MARRED NAME OF OUR COUNTY OF DEATH MARYLAND 11. NAME OF ROSPITAL NURSING HOME OF OTHER INSTITUTION 12. SUJAL RESIDENCE IF NAME AND THAT COUNTRY MARYLAND Trederick Trederick	Female White Oct. 11, 19088 75 VBS WEST DATA COUNTY WASHIELD OF WHAT COUNTRY WASHIELD NEVER MARRED DEFORM TO MARKED WEST DATA COUNTY OF DEATH WASHIELD NEVER MARRED WEST DATA COUNTY MARRIED DEVELOPMENT OF SEATH WEST DATA COUNTY OF DEATH WEST DATA COUNT			MADE Madel	yn Asi Magaba	2d. DATE OF DEATH MONT	- 31-84 625
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10. CITY OR TOWN OF DEATH	The CITY OR TOWN OF DEATH	The City or Town of Death	TRECTIVE TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Trederick	The City of town of Death The Man of the Hospital, Nurshing Home or other institution The City of town of Death The Man of the Hospital, Nurshing Home or other institution The City of The Man of the Home section The City of The Man of the Home The Ma	34.B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland				
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	AT WORK AI WORK	22a.1 certify that (I) (this hospital) attended the deceased from 9-7-1, 19-80, to 5-31-1, 19-84, that (I) (we saw the deceased alive on 5-14-19-4, ond that in (my) (our) opinion death occurred on the date and hour and from the causes state above, (I) (we) (did) (did not) view the body after death.	27a. I certify that (I) (this hospital) attended the deceased from 9-7- 19-80, to 5-37- 19-84, that (I) (we saw the deceased alive on 5-14- 19-84, ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (we) (did) (did not) view the body ofter death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	22a. I certify that (1) (this hospital) attended the deceased from 9-7-1980, to 5-37-1984, that (1) (we saw the deceased alive on 5-1984, and that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	///	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	CCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
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executed within 24 haurs ofter death. Page

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, in should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather troumatic event, the medical exam

	1 -	FOR STATE REGISTRAR		DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENE).	3 7	9 6
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が ろ	13a. S		b. COUNTY Frederick	Walkers	.1	134. INSIDE CITY LIMI YES M NO [15. MOTHER'S MAIDE		3e. STREET ADDRESS 25 E. Penn E	. Ave.	217	
	(1	Charles VAS DECEASED EVER IN	C.	Martin 166. SOCIAL SECUI 225-01-5	RITY NO.	Nettie 17 INFORMANT		May ADDRE	SS	iller	ersville
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(George I	. Smith, Jr		AME OF C	TOIL HOLE		Avenue Fre	ederick	, Md.	21701 STATE

Methodist Cem

25a. DATE REC'D.

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Taneutown Carroll Ma.
By REGISTRAR 256. REGISTRAR'S SIGNATURE

Guilla Sairdson-Randest

BP. DHMH-16 30M 2/80 (VRA 15, 4) (SPECIFY)

24. FUNERAL DIRECT

Robert

Dailey

Frederick, Maruland

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retained by the haspital or attending physician.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

W. M. Egg Jankston & W.

			STAT	E OF MARYLAND			
	FOR	DI	PARTMENT OF H	EALTH AND MENTAL HYG	IENE		
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,	Maryland	U.S.A.	WIDOWE			ck Count	У э м
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14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM			
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		MED FORCES? 16b SOCIA	AL SECURITY NO.	Mrs. Juli	a E. Matti	news, 73	21-C Mc-
	no	PI	44 71-1	Kaig Road,	I. L. Octo L. T. C.		7107
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (0)	(b), and (c).)		,	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH.
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	underlying couse lost	DUE TO, OR AS A COL	NSEQUENCE OF				
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¥ ×	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS DEDECTIMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS LISED
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S	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	wn COUN	ITY STATE
Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	SIREE	Citt Ok 10		31112
	AT WORK				-/-	6.7	
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	sow the deceased olive on	5/30		nd that in (my) (our) opinion o	death occurred on the do	ite and hour and from	m the couses stated
	above, (I) (we) (did) (did no	1) view the body after degit		DEGREE		224	DATE SIGNED
	1	1//		ATTENDING _	MEDICAL STAF		12/4/1
	Mounts	Klenk	~~ \	PHYSICIAN A	DIRECTOR PHYSIC		71107
	271 PHYSICIAN'S NAME (TYPE O	(R PRINT)	,	22e ADDRESS		A 1	1
	Charles T	Plank	ma	14 1). 7/2	5+ 7	lerick	19 / 7/7
	1000	CIATK		1 00. 100		RETIEN	1 600 -11
23a. (BURIAL, CREMATION, REMOVAL	23k DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

retained by the hospital

HOSPITAL OR ATTENDING PHYSICIAN:

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the

should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 21 is morked ar Item 18 shows any

Ime2.1984 Frederick Mem.

Park Frederick Frederick Md.

130 Date Rec'd. By Registran 25b. Registran's Signature

111N 4 1984 June Davidson-Rondelle

" SMith Reeney & E. Church St., I Basford Tuneral Frederick, Md. 21

Burial

(VRA 15, 4)

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	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) None	223-80-28		Steve I		Guigar	^P81	8 Wil	k. Marv	ek Cour Land 21'	t 70:
No	Conditions, if any, w gave rise to immed cause (a), stating	DUE TO, Co hich (b) (b) (b) (c) (c) (c) (c)	R AS A CONSEQUE	NCE OF			IN AL DISEASE	OR COND	ITION GIVE	N IN PART To		
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23a 1	BURIAL, CREMATION, REA	MOVAL 236. DATE May 2.	1984 R	AME OF C	ven Memo	rial (Jardens	TION OR TOWN	lerick	Frede	ick, Mo	d.

TO FUNERAL DIRECTOR:

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

After this certificate has by

IMPORTANT: If Item 21 is morked or Item 18 shaws any

DHMH - 16 50M 4/83 (VRA 15, 4)

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

WAY 28 1984 Junia Davidson-Randell

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending pit inhald be detached for use as the burial-manist permit. Then please remave carbons with the State Dept. of Health and Mental Hygiens prior to burins, cremation, as remi

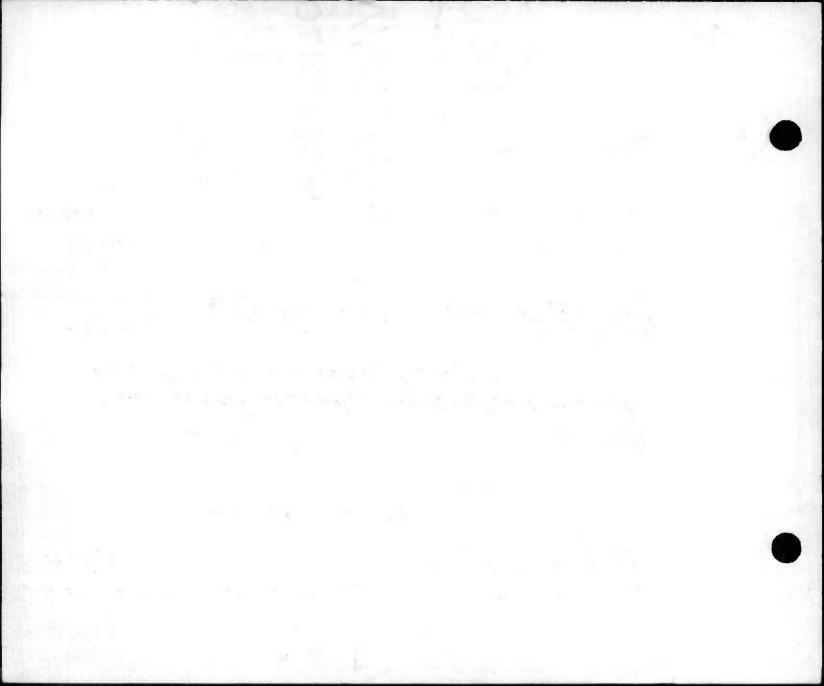
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT, If hem 21 is marked or frem

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REGINO.	1 3 7 9 9
1. DECEASED NAME FIRST	MIDDLE	TZAJ	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Jaco	ob Nathan	Mines, Jr.	May 2, 19	84 б:15рм
1. 5EX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Male	Negro	3 30 23	61 yrs	
COUNTRY	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Frederick C	
IN CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
Doubs	5018 Balleng	er Creek Pike	unknown	
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 COL			13e.STREET ADDRESS / ZIP CO	DDE 2/1/0
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ederick Doub		5018 Ballen	ger Creek Pike
A FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	athan Mines		ta Harris	Proctor
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS 5018 Balle	nger Creek Pik
Yes W	WII 214-14	-6583 Betty Week	don,	
18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), a	and (cu)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a) CONCE	on of the took	uagus.	
at line Jel	DUE TO, OR AS A CONSEQU	UENCE OF WITH Meta	plases - of	dendion
Canditions, if any, which	7 7 (b)	0077		7.00
cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF	1. 1 6.	
	(c)(D)		rical tsope	2 July
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART 110
19a DATE OF OPERATION 1/0/84 21a. CCIDENT WAS UNDERLYING	TON CONDITION FOR WHICE	TH OPERATION WAS PERFORMED	7	YES, WERE FINDINGS USED
1/11/8/4	170. CONDITION FOR WITE	CHOPERATION WAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21s. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
	DEATH HOUR A.M. MONTH	DAY YEAR	(E-TERT TOTAL ST. 1981)	
OR CONTRIBUTING CAUSE OF LE	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	spital) attended the deceased fram	1/16/94 10 1/	24.84	
saw the deceased alive of	on19_	1. /	death occurred an the date and	
above, (1) (we) (did) (did 27b. SIGNATURE	nat) view the bady after death.	DEGREE		22c. DATE SIGNED
Nicholo	- a + 02/ c	ATTENDING	MEDICAL STAFF	5/3/84
2d. RHYSICIAN'S NAME (TYPE	E OR PRINT)	PHYSICIAN 27e ADDRESS	DIRECTOR PHYSICIAN	777
NICKOLAS	SP.FORIS	27. W. 7	of St. Frede	mot not
23a BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Burial	5/5/84 F	airview Cemeter	y Frederick,	Frederick, Md.
24 FUNERAL DIRECTOR	1621 Omme	cumtoum Diko	TE REC'D. BY REGISTRAR 256. REG	
G.Douglas Sta	auffer, Frederi	ck, Md. 21701 M	AT 9 1984 tuha	Davidson-Randell



STATE OF MARYLAND

1-	FOR STATE			F HEALTH AND MENTAL HYC TFICATE OF DEATH	F3 /	1 6003	
1 000	REGISTRAR EASED NAME	FIRST	WIDDLE	TAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
	TAMI	ES AL	B4 140	ILLINIX		984	1:42 PM
1. SEX		4. RACE	W	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
-	Male	White		ly 23, 1901	82	YRS.	TS HOURS MIN.
	RTHPLACE (STATE OR	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	Maryland	Ameri		WED DIVORCED	Frederick		MD.
10.CI	TY OR TOWN OF DEA	(IF NOT IN SUC	HOSPITAL, NURSING HOM		120 USUAL OCCUPATION	VORKING LIFE) INDUSTR	
	rederick			al Hospital	Produce De	aler P	roduce
13a. S	TATE TYLAND	LILCOUNTY	GIVE RESIDENCE BEFORE ADMISSION IS CONTROL OF TOWN	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 23815 Rid	ge Road	20874
19. FA	THER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA	MIDDLE		1467
1	Ira	W.	Mullinix	Edith			iams
	AS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO		ADDRESS		
	No	(# 725, GIVE WAK ON DATES)	219-02-935	1 Janet W. M	Mullinix	Item 13	
NO		which (b)	r às a consequence oi	ne Cerebro VV	MINAL DISEASE OR CONDIT	TION GIVEN IN PART	Ito:
CERTIFICATION	1% DATE OF OPERA	TION 196 COND	ITION FOR WHICH OPERA	ION WAS PERFORMED		106 IF YES, WERE FINE IN CERTIFYING CAUS YES [7]	
20000	21a. ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DEATH HOUR A	M. MONTH DAY YE		RED (ENTER NATURE OF INJURY II		Seed.
MEDICAL	21d. INJURY OCCUR	HILE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the decease	this hospital) attended the salve on the body	1007	and that in mail (our) opinion DEGREE ATTENDING PHYSICIAN [death occurred on the date AREDICAL STAFF DIRECTOR PHYSICIA	77c DA	_, that (a) (we) last the causes stated HE SIGNED
23a B	URIAL CREMATION	UND E	Macle 1231 NAME O	F CEMETERY OR CREMATORY	-BEX 200	OUT ALL	ng us

DHMH - 16 50M 4/83 (VRA 15, 4)

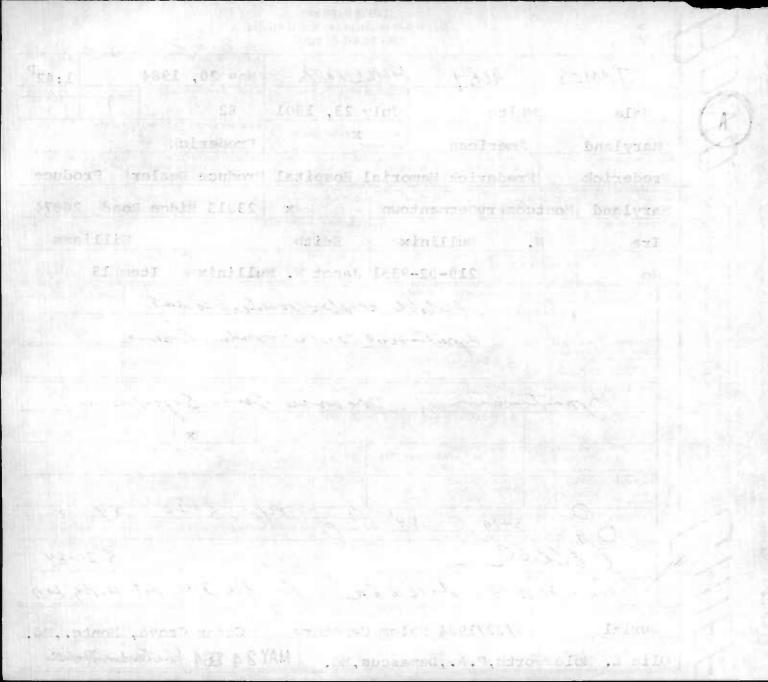
TO FUNERAL DIRECTOR.

MAPORTANT, IF THE

Burial

5/22/1984 Salem Cemetery Cedar Grove, Monta, Md.

756. DATE REC'D. BY REGISTRAR 156. REGISTRAR'S SIGNATURE
MAY 2 4 1984 Suna Davidson-Pondale. Olin L. Molesworth, P.A., Damascus, Md.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 haurs with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event. A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

STATE OF MARYLAND

JIMILO	IMMELLE	MITE	
DEPARTMENT OF HEAD	LTH AND	MENTAL	HYGIEN
CERTIFICA	ATE OF	DEATH	

1 -	STATE REGISTRAR				ICATE OF DEATH	5.2 43	. NO.	3 8	0 1
	CEASED NAME	yey ui	RG1N/A	M	AST MURDOCH U200CH	20 DATE OF DEAT	5 25	YEAR SE	745 PM
3. SE	x	4. RACE		S. DATE C		6 AGE HIN YEARS LAS		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Female	Whi	te	Ji	uly 25,1886	97	YRS	JAMES DATE	MIN.
	RTHPLACE (STATE OR FORI	U		WIDOWE			lerick Co	ounty,	MD.
Br	raddock Heig	hts (FNOTING	indobona N	DRESS) Ursi)	or other institution ng Home	12a. USUAL OCCUP (TYPE OF WORK FOR MC House)	ST OF WORKING LIFE)		F BUSINESS OR
13a. S	laryland	LOUNTY Carroll	13c. CITY OR TOWN Mt. Air		13d. INSIDE CITY LIMITS? YES M NO		ss Main Si	t. 2177	/1
14. FA	George	William	Burgess	AE .	15. MOTHER'S MAIDEN NAME OF THE STREET	Louise	1	last Lare	
	VAS DECEASED EVER IN YES, NO CHUNKNOWN) {	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	213-74-40		Richard B. M		5629 Jef Frederic	k, Md.	21701
	18 CAUSE OF DEATH (Enter anly one cause po CAUSED BY:	ACUTE		nonary ED	EMA		BETWEEN	MATE INTERVAL DISET AND DEATH
		thich diate the last. (b) DUE TO, (c)	OR AS A CONSEQUEN OR AS A CONSEQUEN CONTRIBUTING TO DE	ICE OF	MYOCARDIAL NOT RELATED TO THE TERM	INFARCT			<u>Amu Tej</u>
CERTIFICATION	190 DATE OF OPERATIO	DN 196. CON	DITION FOR WHICH O	PERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO[IN CERTIFY	WERE FINDIN ING CAUSES	
MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	ISE OF DEATH HOUR A	OF INJURY A.M. MONTH DAY P.M. E OF INJURY	YEAR 19	Z1c HOW INJURY OCCURE				
ME	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, FAR	M, ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
	sow the deceased above. (1) we) (did 22b. SIGNATURE	nis haspital) offended olive 60) did not) view the boo	125		nd that in (my) (our) opinion (MEDICAL	STAFF 12	and from the c	
	224 PHYSICIAN'S NAM	Δ. \	HER		PHYSICIAN [JICK,	MO.	2171	
	BURIAL, CREMATION, RE (SPECIFY) Burial		9,1984 23t. NA		EMETERY OR CREMATORY Grove	23d LOCATION		Y611,	Md. STATE
24. F	UNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISAL	RAR 256 DEGISTR.	AR'S GIGNATI	LIDE

DHMH - 16 50M 4/B2 (VRA 15, 4)

Olin L. Molesworth, P.A., Damascus, Md.

MAY 31 1984 Julia Davidson- Par

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ere.	08/10	1,10	2500 A	mallican	1 100
Morton, M. 21741	ur (e., 'm	Michael M.	70 7-72-612		0 1
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ATTION OF					
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X /21/2 K					
	4211			de fate	4
Verrall, M.	ę	evora e	mel pur	682 mu	[almu_
- Malayerson	1 CH Line	YAM B	., "	legwort,	

injury, or other froumotic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending in should be detached for use as the burial-transit permit. Then please remove carboths with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removinh the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removed.

IMPORTANT: If Item 21 is marked on Item 18 shows any

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STATE OF MARYLAND

DEDARTMENT OF HEALTH AND MENTAL BYCIENE

		STATE REGISTRAR			DEFARI	CERTIF	ICATE OF DEATH		8 REG. N	-	3 3	0 2
		CEASED NAME OR PRINT)	The 1m		rene		NEAL	26. DAT	May 2,	1984	DAY YEAR	9:30P _M
	3. SEX	(4. RACE		5. DATE C	OF BIRTH	6. AGE	(IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	/	Female		White		Sept.			68	YRS.	MONTHS DAYS	HOURS MIN.
J		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AAA PDIE	D NEVER MARRIED	9 BALTI	MORE CITY C	R COUNT	Y OF DEATH	
2		yland		U.S.A		WIDOWE	32	_ 1	Frederi	ck Co	ounty	MD.
7	Fı	rederick		(IF NOT IN SUC	5809 Be	ADDRESS La	DR OTHER INSTITUTION	(TYPE OF	IAL OCCUPAT WORK FOR MOST (Memaker	OF WORKING L		F BUSINESS OR
7	13a. S	ALRESIDENCE (IF N TATE aryland	13b COUN		GIVE RESIDENCE BEFOR 13t. CITY OR JOW Frede:	VN .	134 INSIDE CITY LIMITS? YES NO	13e.STRE	ET ADDRESS 809 Be 1	ZIP COD	eane 217	01
J	14. FA	THER'S NAME		MIDDLE	1467		15. MOTHER'S MAIDEN N		MIDDLE			
		Willia	ım		Crummit		Beu 11a				Wet	b
		VAS DECEASED EV VES. NO OR UNKNOWN) NO	(IF YES, GIV	MED FORCES? E WAR OR DATES) ONE	212-10-		James B. Lovettsvi				188	
	Z	Conditions, if of gove rise to cause (a), stunderlying co	ony, which immediate ating the use lost.	(b) DUE TO, O	S A CONSEQUENT S A CONSEQUENT S	ENCE OF	e Carlin	RMINALDIS	A PAR EASE OR CON	Chy DITION GI	2 y 7 x VEN IN PART G	7000-
1	TIFICATIO	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	IN CERTI	ES, WERE FIND IN IFYING CAUSES ES	
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS OR CONTRIBUTING [{IF EITHER, NOTIFY M 21d INJURY OCC WHILE NO AT WORK A	CAUSE OF DEA	HOUR A.	M. MONTH D M.	19	211. LOCATION STREET	JRRED (ENTI			PART I OR PART 2)	STATE
		SI 200 III	NAMI (TYPE O	t view the body	older death	U.C.	nd that in (my) (mm) opinion DECREE ATTENDING PHYSICIAN 22e ADDRESS 804 To11 Ho	MEDIC	AL STA	FF CIAN 🗌	120 DATE	3,1984
-	730 B	URIAL, CREMATIC				NAME OF C	EMETERY OR CREMATORY		OCATION			

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

Buria1

Mt. Olivet Cemetery

Frederick, Frederick, Md.

74 FUNERAL DIRECTOR & Basford Buneral Home 106 East Church St. Frederick, Md. 21701

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

9 1984 Julia Parison Normalius

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Leonards, undersich, u.	yarrana, sevi 9 YAM TO	, 1904 1904 1905 1907 1908 1908 1908 1908 1908 1908 1908 1908	Parties No.	locup Disk C Jack Q.1

injury, or other troumotic event,

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within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

FOR T - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 REG. N	0.	3 3	_0	-3
1. DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOU	Λ
Laura			BURN	May 12,			7;30	0 "
3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS	R 24 HRS
Female	White		1 29, 1901	83	YRS.			
70. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED X	9. BALTIMORE CITY O	_			
	11. NAME OF HOSPITAL, NURS	WIDOWE		Frede:	rick C	Ounty,	OF BUILDING	MESS OR
Frederick	(FNOT IN SUCH FACILITY, PLYE STREET Homewood Peti	ET ADDRESS)	C .	(TYPE OF WORK FOR MOST OF HOMEM)	F WORKING LIFE			iess Ok
USUAL RESIDENCE (IF NURSING HOME 136, COL Maryland Fr		WN	YES 🕅 NO 🗌	13e STREET ADDRESS . 121 West Ti	ZIP CODE	t., 21	701	
14 FATHER'S NAME FIRST William	Warner Osbu	ım	Rosa	Sch.		Shap		
	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 1000 220-111-8		Robert Osburn	174 Jr., Fred	Baugh	mans L Md	ane 2170	
	DUE TO, OR AS A CONSEQ (c) T CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERMI	inal disease or con	DITION GIVE	EN IN PART I	0	
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDI		TH?
OR COLUMNIA COLUMN	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	(RT I OR PART 2)	Y.	
WHILE OF WORK ALTOOK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN 19	COUNTY		STATE
saw the deceased alive of	spital) attended the deceased from On	84) . A	d that in (my) (aux) opinion of DEGREE ATTENDING PHYSICIAN (E	to MOY death accurred on the di AMEDICAL STA FORECTOR PHYSK	FF _	ond from the		
Dr. Bernard	O. Thomas, Jr.,	M.D.	Professional			rick,	Md.	2170
23a. BURIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Frederic		county		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for una with the Stote Dept. of Heal IMPORTANT II INEM 21 IS

TO HOSPITAL OF ATTENDING PHYSICIAN, The retoined by the hospital or attending physician

March, Reeney and Basford Funeral Home 106 East hurch St., Frederick, Md. 21701

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
MAY 1 8 PRA Julia Davidson Range

Julia Davidson Bando 00

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	eraber jakela t	Sum francisco			
					Island Association
	ELECTRICAL SECTION OF THE SECTION OF	TOLICE		E 10	THE TALL SOLE

may be

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 REGINO.	3 8 0 4
ſ	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
I	ANNIE	CONSUE	LLA POOLE	May 14, 19	084 11:30pm
I	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ı	Female	Caucasian	July 9,1895 YEAR	88 YRS.	MONTHS DAYS HOURS MIN.
1	76. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY? $U.S.A$.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Frederick,	OF DEATH MD.
I	10. CITY OR TOWN OF DEATH Frederick	Home For The		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Housekeeper	12b. KIND OF BUSINESS OR INDUSTRY None
1			ISA INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 115 Record Str	
1	James Mon		Cora FIRST	Estella Estella	Poole
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G)	RMED FORCES? 166 SOCIAL SECU 106 WAR OR DATES) 216-38-0		ed Records	Record Street
		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH OF THE TERM	And bledge inal disease or condition Gy	
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	IN CERTIF	S, WERE FINDINGS USED PYING CAUSES OF DEATH? SS NO PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)	791 LOCATION	CITY ON TOWN	COUNTY STATE
		pital) (year) y) the deceosed from 19	and that in (my) (aur) opinion in	death occurred on the date and hou	that (I) (we) lost by and train the course stated
	22d PHYSICIAN'S NAME (1114	leps		MEDICAL STAFF DIRECTOR PHYSICIAN	May 15, 1984
	T. F. Hicke			lical Center Fred	lerick, Md. 2170

DHMH - 16 50M 4/83 (VRA 15, 4)

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the busial-transit permit. Then please remove corban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

PHYSICIAN: The

TO HOSPITAL OR ATTENDING etoined by the hospitol

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

5/17/1984

236. DATE

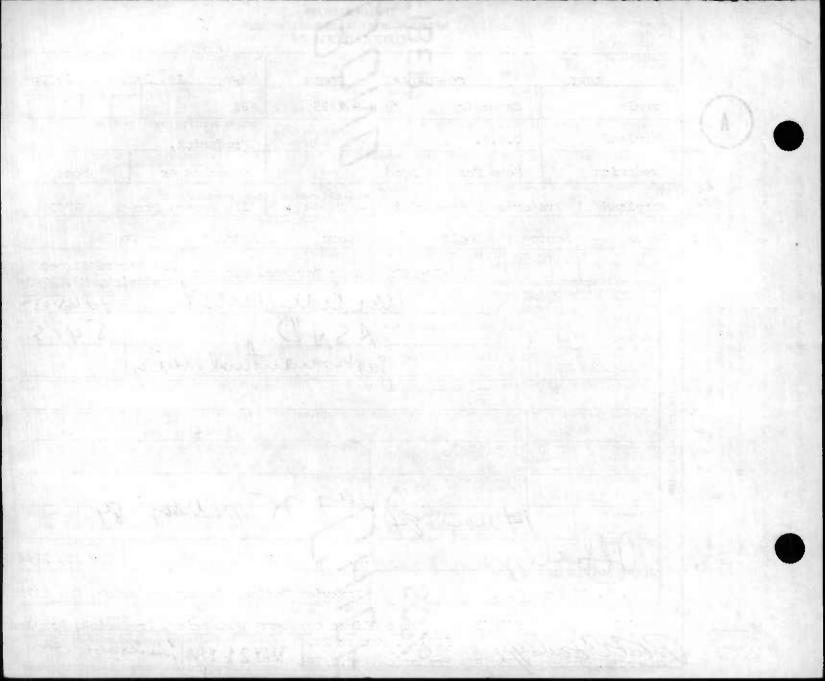
23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

13d LOCATION
CITY OR TOWN
Frederick, Frederick, Maryland

2510 REGISTRAR'S SIGNATURE

1201 ADDRESS

Frederick.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page

etained by the haspital ar attending physician.

BP.

STATE OF MARYLAND

FOR STATE REGIST				ENT OF H	EALTH AND MENTAL HY	8 RE	NO.	103	100
1. DECEASED I	FLOYD		ALVIN	Po	PORTNER	May 27		DAY YEAR	7:00P M
3. SEX	t	4. RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		Caucas	ian	MONTH	st 10, 1904	79	YRS.	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLAC	E (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CIT		OF DEATH	1
COUNTRY)	uland	US	2	WIDOWE	D NEVER MARRIED 🔀		ak		MD.
Fred	own of DEATH erick	11. NAME OF (# NOT IN SUC Meridi	HOSPITAL, NURSING CHEACILITY, GIVE STREET AL an Nursing	HOME CODRESS) HOT	OR OTHER INSTITUTION	12a USUAL OCCU (TYPE OF WORK FOR M Ret. COC	PATION OST OF WORKING LIF		OF BUSINESS OR
USUAL RESIDI	ENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e.STREET ADDRE			
Maryla.		lerick	Sabillas			Sabillas			21780
14 FATHER'S	NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MIDD	15	LAS	
	W. Portner		(A3)		Gussie	М.	· ·	Jewe	
16a WAS DEC	EASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR	ITY NO.	17 INFORMANT		P.O. B	ox 324	
YES, NO OR	UNKNOWN) (IF YES, GN	/E WAR OR DATES)	705-10-59	900	Mrs. Mildre			nt, Md.	21788
18 CAU	ISE OF DEATH (Enter or T I, DEATH WAS CAUSE	nly one couse per D BY:	line for (a), (b), and	ici.)	ne-t-			APPROX 8ETWEEN	MATE INTERVAL ONSET AND DEATH
gove couse	ions, if ony, which rise to immediate (a), stating the ying cause last.	(b)_	R AS A CONSEQUEN R AS A CONSEQUEN	51	enosil.				
	OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	CONDITION GIV	EN IN PART 1	0,
21a. ACC	E OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND II	NGS USED OF DEATH?
On COLU	TRIBUTING CAUSE OF DEA	ATH HOUR A	DF INJURY .M. MONTH DAY .M.	YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2)	
(IF EITH 21d INJ	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
saw	ertify that (I) (this hosp the deceased alive an ave, (I) (we) (did) (did no		5/15_198	1 /	nd that in (my) (our) opinion	death accurred on the	ne date and hou		
	NATURE	8	6	ni	DEGREE ATTENDING PHYSICIAN 4		STAFF YSICIAN [221. DATE	£/84.
22d. PHY	athan	WEL			22e ADDRESS	celeuck	lone	217	51
23a. BURIAL, C	REMATION, REMOVAL	73h DATE	23c N/	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOW	IN	COUNTY	STATE
B	urial	5/31/	84, Well	ler's	<i>Cemetery</i>	Thurmon			Maryland
THE FLINGE THE	Minesphere OX	Select	1015 Eas	t Mai	n St. 250 DA	TE REC'D. BY REGIST			

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If them 21 is marked ar them 18 show Lagy injury, ar ather traumatic event, the medical examines must be notified a burial.

H- 16 50M 4/83 (VRA 15, 4) R. E. Dailey & Son, P.A.

Thurmont, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

the Annual Production of the section and the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

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executed within 24 haurs after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MEN

TAL HYGIEI	NE			5759		
TH	8	REG. NO.		5	8	U
1.0	DATEO	COLATH HO	AT 1.4	DAY	VEAD	101 110

,	FOR			DEPART		HEALTH AND MENTAL HYG	IENE		5740		
1.	REGISTRAR				CERTIF	FICATE OF DEATH	8 4	EG. NO.	3 8	U	6
	CEASED NAME VI	RGIL	mi	MARY	RH	RHINE	20. DATE OF DE	ATH MONTH	DAY YEAR	26. HOU	15 M
3. SE	х	4	I. RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN,
	Female		Caucas.	ian		uary 31, 1897	87	YRS.			
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH		
	Maryland		US.		WIDOWI	ED DIVORCED	Fred	derick			MD.
10. C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURS II		OR OTHER INSTITUTION	12a USUAL OCC	CUPATION R MOST OF WORKING I	12b. KIND (ESS OR
	Frederick		Freder	ick :Memo.	rial E	Hospital	Homema	-			
	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP COD	DE		
M	aryland	Frede	erick	Frederi	ck	YES NO		neu Aver	nue	21701	
14. F/	ATHER'S NAME	M	NODIE	last Weltu		15. MOTHER'S MAIDEN NA/		IIDDLE	LA	ST	
16a \	Tuther vas deceased ever	IN U.S. ARN	AED FORCES?	16b SOCIAL SEC		17 INFORMANT		ADDRESS			
- (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-10-	4852	Mrs. James E.	Price	ADDRESS 1410 T Freder	ICA, Ma	enue 217	701
	Conditions, if ony, gave rise to improve (o), stotic underlying cause	mediate ng the lost.	(c)	R AS A CONSEQU	JENCE OF		/		40	cler	
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	1 IN CERT	ES, WERE FINDI IFYING CAUSES (ES]		TH?
	21a. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d. INJURY OCCUR WHILE NOT WI AT WORK AT WO	HIE []	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CI	ITY OR TOWN	COUNTY	S	STATE
	226. I certify that (1) saw the deceas above, (1) (we) (1) 22b. SIGN	ed olive on_	5	125 19	1.0	nd that in (my) (que) opinion of DEGREE	, to death occurred ar	the date and ha		that (I) (secouses sta	me) lost oted
	224 PHYSICIAN'S N	wy	SA	ugne		ATTENDING PHYSICIAN [MEDICAL DIRECTOR []	STAFF PHYSICIAN	5/	26/8	4
	Robert S), P.A.		700 Montclas	ire Ave.	Freder	ick, Md	. 217	701
	BURIAL, CREMATION,		23b. DATE 5/28/8			vet Cemetery	23d. LOCATIO CUY OR I	ick, Fre	derick,	Md.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other traumatic event, the medical expanien

IMRORTANT: If them 21 is marked or Item, 18 shows any

2201 NorMarket Street P.A. Frederick, Md.

Frederick, Md.

ISTRAR 256 REGISTRAR'S GIGNATURE

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page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

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1	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	3 8	0	1
	CEASED NAME	FIRST		MIDDLE	111	LAST	20. DATE OF E	HIMOM HTA3C	DAY YEAR	26 HOL	JR
[146]	E OR PRINT)	NLEY	Ri	.chard	RHU	0065	May 3	0, 1984			М
3. SE	Х	4.	RACE		5. DATE O		6. AGE (IN YEA	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER	R 24 HRS
	Male		White		May	21, 1919	65	YRS.		, TOOKS	W. W.
	RTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMOR	E CITY OR COUNT	TY OF DEATH		
	aryland		USA		WIDOW	77		Frederick	County		MD.
10 C	ITY OR TOWN OF DEA	TH J			G HOME	OR OTHER INSTITUTION	12a USUAL O	CCUPATION	12h KIND C	F BUSIN	ESS OR
1	rederick	/ 1	Frederi	the Memor:	ial H	ospital		Driver	INDUSTRY M J	Lime	Co.
13a	AL RESIDENCE (# NURS STATE aryalnd	136 COUNT	THER INSTITUTION. Y derick	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	Rt. 14	DDRESS / ZIP COI	DE Old T		
-	ATHER'S NAME		ODLE	LAST		15. MOTHER'S MAIDEN N	AME				
	LeRov	_	laine	Rho	des	Minni Minni	e	WIDDIE	Î	ong	
	WAS DECEASED EVER			166 SOCIAL SECU		"HISMAN'S. RI		520 Harmo	ony Rd.		
	YES, NO OR UNKNOWN)	None	WAR OR DATES)	213-16-0	154	Myersville					
	18 CAUSE OF DEAT			line for (a), (b), and	d (c).)		4		APPROX	IMATE INTE	RVAL
	PART I. DE ATH W		BY:	en	ulan	11 annes	7				
	4275	IMMEDIATE		DAS A SOMESOUS	NCCOF						
	Conditions, if any,	which	1	R AS A CONSEOUE	NCEOF						
	gove rise to imr	nediote	(p)_		1155.05						
	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION G	IVEN IN PART 11	o l	
o N	muth	7.1.	Chro	1/2 : 1	411	gertinania.					
CERTIFICATION	19a DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOR		ES, WERE FINDE		
E							YES 🗌	Y.	YES [NO [
U	210. ACCIDENT WAS UNE		21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATU	FRE OF INJURY IN ITEM 18	B PART I OR PART 2)		
K	OR CONTRIBUTING		P.		19						
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	ADM SIC)	211. LOCATION		CITY OR TOWN	COUNTY		STATE
2	WHILE NOT WE	RK R	(A) NOME, 316	REET, FACTORY, OFFICE, F	anm, ETC J						
	22a. I certify that (I)	(this hospito	I) ottended th	e deceased from	,12	-1 1967	, to S	-30 -	1954	that (I) (we) last
	saw the decease abave, (1) (we) (c	ed olive on_	view the hody	ofter depth	0,0	nd that in (my) (our) apinion	death occurred	on the date and he	our and from the	couses st	oted
	22b. SIGNATURE	1				DEGREE	/		22c. DATE	SIGNED	
	1/1	Time	5			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	6-	ノて	19
1	224 PHYSICIAN'S N	ME (TYPE OR F	PRINT)	. 0-		22e. ADDRESS)		
	Then	n. 6	2	TONA		Fre	dornis	ml)		
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE		AME OF	EMETERY OR CREMATORY	23d. LOCAT	ION R TOWN	TONNIX -		STATE
	Burial		June 2		red.	Mem. Park		erick, Fr	rederick	, Md	•
24. F	UNERAL DIRECTOR	Meene	ey & Ba	sfordowu	neral	TORRE	REC'D BY RE	304 Files	Davidson-	fandal	de.
TC	6 East Chu	rch St	Fre	derick, N	ld. 2	1701	<u> </u>	ΨΨ			

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 showith the State Dept. af Health and Mental Hygiene priar ta burial, crematian, ar remaval.

injury, ar ather traumatic event

IMPORTANT: If Hem 21 is marked at Hem 18 stares

(VRA 15, 4)

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To DETERMINE AND SERVICES AND S and the second control of the second of the 120 - In the second of the board A Deall Comment of the Comment of th Spiller Bross St. A CALLEY LES PROPERTY TO I THE LOCATION OF

11	FOR - STATE			DEPARI		EALTH AND MENTAL HY	SIENE 8	63	1	3	3	0
1. DI	REGISTRAR DECEASED NAME	FIRST	MIDE	DLE		AST	20. DATE C	REG. NO). "	DAY	YEAR	2b. H
[TY	PE OR PRINT)	1 1015	40	14154	2 R	ipaeoh			5	4	84	10
3. St	Female		ACE White		5. DATE C	of Birth . 29,1911		YEARS LAST BIRT		MON1H	DER I YEAR	HOU!
7a. B	BIRTHPLACE STATE OF FO		U.S.		2 8	D NEVER MARRIED	9. BALTIM	ORE CITY OF		TY OF D		
10.0	Maryland CITY OR TOWN OF DEA		NAME OF HOS	SPITAL, NURSI		OR OTHER INSTITUTION	12n. USUAL	ceder:	NC	121	L KIND	OF BUS
1	Frederick					1 Hospital	Sea	ams tr	033	1110	ASPA T	hi
130.	ual residence (if Nursing State Maryland	136. COUNTY Frede:	130	c. CITY OR TOV	VN_	136 INSIDE CITY LIMITS? YES . NO .	13. STREET	ADDRESS /	ZIP COI	DE Ver	ath	st
14. F	FATHER'S NAME FIRST William	n A		iding	. 4	15. MOTHER'S MAIDEN NA	ME	MIDDLE		п	Cher	sr +
	WAS DECEASED EVER I		FORCES? 16	15-07	URITY NO.	17. INFORMANT Pat	line	L. ADDRES		. 2	26 I	lor
	Conditions, if ony,/ gove rise to imm couse (a), stating underlying couse	nediate g the	DUE TO, OR A (b) DUE TO, OR A	S A CONSEQU	244	NETASTATA		7-1101				
CATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN	which lediate g the lost.	DUE TO, OR A (b) DUE TO, OR A (c) DUITIONS CON	S A CONSEQUES A CONSEQUES	JENCE OF	NOT RELATED TO THE TER/		SE OR COND	DITION G	FIVEN IN	PART 10	NGS L
RTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN	which sediate g the lost.	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CON	S A CONSEQUENT S A CO	JENCE OF	NOT RELATED TO THE TER/	ZOG AUT	SE OR COND OPSY? NO	20b. IF Y	FES, WERTIFYING	PART 10 RE FINDI CAUSES	NGS U
CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND	which sediate g the lost. WIFICANT CON	DUE TO, OR A (b) DUE TO, OR A (c) DUITIONS CON	S A CONSEQUENT S A CO	JENCE OF	NOT RELATED TO THE TER/	ZOG AUT	SE OR COND OPSY? NO	20b. IF Y	FES, WERTIFYING	PART 10 RE FINDI CAUSES	NGS U
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	Conditions, if ony, gove rise to imm couse (b), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDOOR CONTRIBUTING C (# EITHER, NOTEY MEDIC 21d. INJURY OCCURR WHITE NOT WHAT WORK AT WORK 22a.1 certify that (1)	which sediate g the lost. ILFICANT CON INFORMATION WAS OF DEATH ALEXAMINER ILED ILE ILE ILE ILE ILE ILE IL	DUE TO, OR A (c) DUE TO, OR A (c) DITIONS CON 19b. CONDITIO 21b. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF IAT HOME, STREET.	S A CONSEQUENCE OF THE STATE OF	DENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER/ IN WAS PERFORMED 216. HOW INJURY OCCUP 217. LOCATION STREET 19. 19. 19. 19. 10. 10. 11. 12. 12. 13. 14. 15. 16. 17. 18. 18. 19. 19. 19. 10. 10. 10. 10. 10	200 AUT YES RED (ENTER N death occur	OPSY? NO ANATURE OF INJUR CITY OR TOW	20b. IF Y IN CERT	VES, WERTIFYING YES B PARTIO	REFINDI CAUSES ORPARI 2)	NGS U
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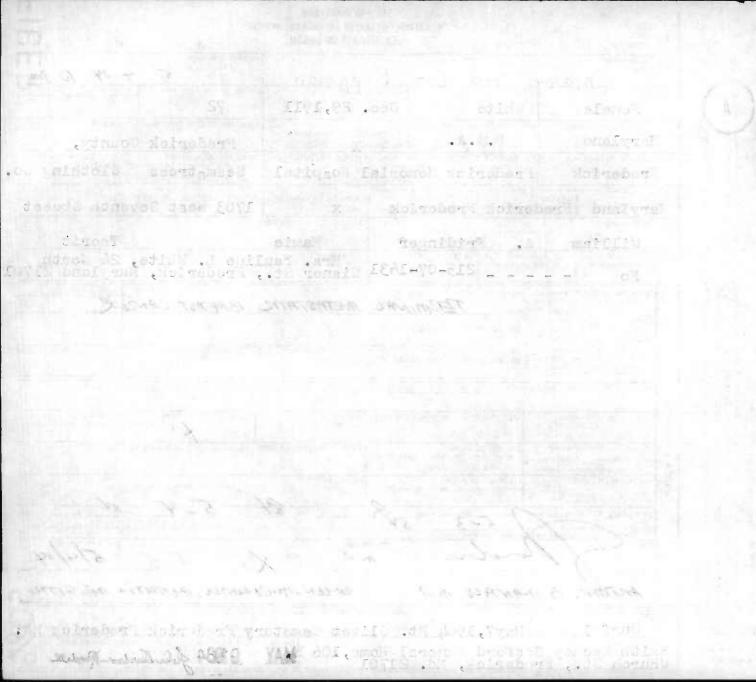
his Davidson Randall

Smith Keeney Basford Funeral Home, 106 Church St., Frederick, Md. 21701

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ARYLAND 21201
TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	within 24 hours offer death. Page 4 may the
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, wage 3 should be detached for use as the buriol-transit permit. Then please remove corbon paper. Page 1 should be filled within 72 hours offer themselven as the Abelth and Mental Hasiane print to buriol cramation or emission.	pletely filled in by the funeral director, looke 3 and 2 should be filled within 72 hours ofter death
IMPORTANT: If them 21 is marked on them 18 shows any injury, or other traumatic event. The modical expedient multiple	belline not the best her de acon.
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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGI

ENE	8	ALC NO	3
		REG. NO.	

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	- 8	0 0	•				
ľ		CEASED NAME Charles	Vernon	Rober	rt.son "	AST	20 DATE OF DEATH MO	NTH D	AY YEAR	2b. HQU	IR .			
	(1112	OR PRINT) Charles	VE	רה סנת	100	dertson	1717 24	, 1	984	9:1	Q PM			
	3 SEX	X	4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHD		IF UNDER I YEAR					
100	Male		Cacausi	.a n	MONTH	28 1907	77	YRS.	DATS	HOURS	WIM.			
111		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY	OF DEATH					
99.	M	laryland	USA		WIDOWE		Frederi	.ck			MD.			
V/	10. CI	TY OR TOWN OF DEATH			IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINE	SS OR			
24	F	rederick	Frederi	ck Memo	rial H	lospital	Section Fo	rema	n Railr	oad				
松云		AL RESIDENCE (IF NURSING HOME OF	JTY II		BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE									
¥1	Ma	ryland Frede	rick	Thurmon	t	YES 🔼 NO 🗌	13. STREET ADDRESS / Z 507 E. Main	St.	21788					
å A	I4_FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		1.65	,				
孙/		Charles N	Robe	rtson		Viola	MIDDLE]	Norther	aft				
37	léa V	VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU	JRITY NO.	17 INFORMANT	Box 52DRESS							
1	(1	YES, NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	217-10-2	2764	Eileen Waeso	che Thurmont,	Md.	21788	DERIYEAR IF UNDER 24 HRS. ADDEATH ADD				
¥'		18 CAUSE OF DEATH (Enter or	ly ane cause per li	ne for (a), (b), an	d (ch)		,		APPROXU BETWEEN C	MATE INTER	DEATH			
9		PART I. DEATH WAS CAUSE	D BY TE CAUSE (a)	CEREBIAL	- VASC	WLAR ACCION	NT							
ofice		4360		AS A CONSEQU										
ŭ n		Conditions, if any, which	((b)	-										
10		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQU	ENCE OF									
o de		underlying cause last	(c)											
, o		PART 2 OTHER SIGNIFICANT (CONDITIONS CON	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVE	EN IN PART 110					
<u>0</u>	0	SEVERE	chronic	obstr	uctur	= perlmnen	disease							
5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ION FOR WHICH	OPERATIO	WAS PERFORMED								
SWO WS	TIE						YES NO							
80/1	CER	210. ACCIDENT WAS UNDERLYING		INJURY . MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	HITEM 18 PA	ART 1 OR PART 2)					
E	ZAL	OR CONTRIBUTING CAUSE OF DEA	UH .		19									
8	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	F INJURY	A DAA ETC 1	211 LOCATION	CITY OR TOWN		COUNTY	S	TATE			
morked	2	AT WORK ON AT WORK	(ATTIONE, STREET	II, FACTORT, OFFICE,	ARM, ETC J									
S B		220 I certify that (I) (this bear				9 AG 19 89		, 1	19 57	that UK (we) last			
21 :		saw the deceased alive an abave, (f) (we) (did) (did no	1) view the bady at		, an	d that in (m) (aur) apinian	death accurred an the date	and hour	and from the	causes sta	ated			
Hem		22b. SIGNATURE	C =4	Α,		DEGREE			22c DATE	SIGNED				
= /		(Jener (· June	CV M	v.	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N	251	GAG	84			
Z/		224. PHYSICIAN'S NAME (TYPE O				22:809RESTO11 Ho	ouse Ave							
MPONIANT: If hem 21		George I. Smi	th, Jr.			Frederick.								
₹	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION							
_	((SPECIFY) Burial	5-27-1	.984 Re	esthav	en Memorial	Frederick	Fre	derick	Md:	TATE			

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR G. Döuglas Stauffer

104 E. Main St. Thurmont, Md. 21788 MAY 31 BY REGISTRAP 256. REGISTRAR'S SIGNATURE

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	death. Page 4 may be
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FOR

STATE	OF M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	U	1		-
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1-	REGISTRAR				CERTIF	ICATE OF DEATH	8 REG. N	0.	3 8	1 0		
	CEASED NAME	FIRST	A	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR		
[11PE		ALVERT	A E	BERNICE	F	ODKEY		5	24 84	9-AM		
3. SE	X.	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEAR	# UNDER 24 HRS		
1	F		Caucas	sian	MONTH	DAY YEAR	68	YRS.	MUNITS DATS	HOURS MIN.		
	RTHPLACE (STATE C	R FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	N	9 BALTIMORE CITY		Y OF DEATH			
1	Maryland		U.S.A	١.	WIDOWE	DE NEVER MARRIED DIVORCED	Freder	ick C	0.	MD.		
19: CI	TY OR TOWN OF D		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A PRICK MOMO	ADDRESS)	Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake		IFE) INDUSTRY	Home		
13e. S	AL RESIDENCE (* NU STATE Maryland	Carro		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Union B1	N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 1330 Baus	zip cod	rch Rd.	/21791		
14. FA	THER'S NAME	MID	Dif	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	-				
	Chester		3	Hann		Anna	A.		McCon			
16s V	VAS DECEASED EVE	R IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	1330	ESBaus	t Churc	h Rd.		
(1	NO OR UNKNOWN	(W TES, GIVE W	AR OR DATES	215-18-1	410	Paul A. Rodk	ey.Sr. Unio	n Bri	dge, MI	21791		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS C			TERM WA	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GI		10		
O	INT	A BOO	MINA	INFER	ומקני	WITH FISTU	us Formy	riste				
CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDI			N WAS PERFORMED	20e AUTOPSY? YES NO	IN CERTI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO			
	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTHY ME	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)			
MEDICAL	21d. INJURY OCCU		21e PLACE (OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE		
	AT WORK	WHILE VORK			2	8	3 5-3	24/	. 84			
	220.1 certify that saw the dece	ased plive on	5-2	19_	8-4 , or	nd that in (my) (our) opinion	death accurred on the d	ote and ha	ur and from the	that (I) (we) last couses stated		
	22b. SICNATURE	rodd) (did not) v	with body	offer death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED		
	224 PHYSICIAN'S			w, M.D.		CREEN VAN	er normi	in, l	nd. 21	770		

IMPORTANT: If He

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR Skiles Funeral Home

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

May 26,1984 Baust Church Cemetery 136 E Baltimore St. Taneytown, MD 21787

23c. NAME OF CEMETERY OR CREMATORY

Tyrone, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Carroli, Maryland

end may no measure a designal de lacence signature a servicione inviewd formal towns and rank to the form to the first chemic et al. וחומות . S. . riot restricted to the color f 215-18-1410 EPRING I. FARTON, Sv. Inton Lotter, 181291 Printed the Annual American and the THE SAME OF THE PARTY OF THE PA The St, 1984 Thurst Church Con one Church, Carroll, Jamiland

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lawretained by the baspital or attending physician.

page 3

10 FUNCEAL DIRECTOR, when the certificate has been upped by the ortending physicion and controlled the detacked for use on the build-frontal permit. Then please remove carbonopopers. Pages, with the State Dept. or Health and Mantal Hypithin prior to buriol, cremotion, or removal.

		Item#5	G593	7/6/84			OF MARYLAND				
	1-	STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	8 REG.		3 8	
		CEASED NAME OR PRINT)	FIRST Eugene		Franklin		Ropp	20. DATE OF DEATH MOV 17	1984	DAY YEAR	26. HOUR 2 P M
	1, SE	Male		4. RACE White		5. DATE O		6. AGE (IN YEARS LAST E		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
33		RTHPLACE (STATE OR COUNTRY) aryland	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED	Preder	_	OFDEATH	MD.
K	1	yersville		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET L'L'IMORE N	ADDRESS)	al Pike	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Mechanic		E) INDUSTRY	of BUSINESS OR
75	13a. S	at residence (if NUR aryland	136. COUN		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NOX	9305 Balt		Vationa	21773 l Pike
R		illiam	Fr	anklin	Ropp		15. MOTHER'S MAIDEN NA. Mary	WIDDLE		Water	s
1	160 V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 217-32-5		Gerlie Ropp	9305 Balt Myersvill			Pike
		PART I. DEATH V 424 Conditions, if ony gave rise to im cause (a), stati underlying cause	VAS CAUSE IMMEDIAT , which mediate ng the	D BY: E CAUSE (a) DUE TO, O	R AS A CONSEQUE	NCE OF	value de	in		STATE IN	MATE INTERVAL ONSET AND DEATH
9	ICATION	PART 2. OTHER SIG	0	organt	in L	-vi	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	EN IN PART 110 , WERE FINDIN YING CAUSES	NGS USED
G	AL CERTIFICAT	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO		S	NO 🗍
/	MEDICAL	214. INJURY OCCUR		21e. PLACE			21f. LOCATION STREET	CITY OR	rown	COUNTY	STATE
		220. I certify that (I saw the decease above, (I) (we) ((this hospi			4 , 01	nd that in (my) (our) opinion	1 1	date and hou	- '	
+	18	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			ATTENDING _	DIRECTOR PHYS		5/1	8/84
L	77- 5	K-S-		123b. DATE		NAME OF C	SS 5 B-L	1234 LOCATION	~?	ele M	251201
	В	BURIAL, CREMATION (SPECIFY) 11111	KEMOVAL				Cemetery	Harmony		rick Ma	
2		icketts fu	neral	Home I	versville	e, MD	21773 M	AY 2.3 1984	ila D	avidson-N	allana

(exolore was and when word 5-17 May 14 2 - 17 11-5 MITTER SOLEMAN - IN THE STATE OF MINES WITH

	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	.138	1 2
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LIVE	Myrtle	Ludell	RUTHVIN	May 26,	1984	5:00 R
0.0	3. SE	х	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
(1)	F	emale	White	Sept. 5, DAY 1899	84	YRS.	DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O		
Illed with	1	TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Citizens Nursi	ADDRESS!	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemak	ION 12b. KIN DE WORKING LIFE) INDUS	ND OF BUSINESS OR
23	13a. 3	STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW ederick Keymar	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 13239 Hi	zip cope ney Rd.,	21757
100	M. F/	ATHER'S NAME FIRST Lewis	MIDDLE LAST COrum	15. MOTHER'S MAIDEN N FIRST Annie	AME	Ha	last
medical medical		**		RITY NO. 17. INFORMANT Lee	Ruthvin 13	239 Hiney	Rd.
by the attending phys sse remove carban pap f, cremation, ar remove other traumatic event,	7	PART 1. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a)	New Members		BETW	PROXUMATE INTERVAL VEEN ONSET AND DEATH
Then p	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO E</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 110
is it	3	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	NDINGS LISED
0 0	E				YES NO	YES	USES OF DEATH?
R. After this certificate has been signed by the attending physician use as the buriol-transit permit. Then please remove carbon papers. seath and Mental Higiene prior to buriol, cremation, or removal. is marked as Item 18 stars an injury, as other traumatic event, the MEDICAL CERTIFICATION	U	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	P,M,	AY YEAR	YES NO	YES 🗌	USES OF DEATH?
this certificate has the burial-transit pe and Mental Hygiene ked or item 18 stars	U	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	19 211 LOCATION		YES TEM 18 PART I OR PAR	USES OF DEATH? NO TT 2)
of Health and Mental Hygiene 21 is marked ar Item 18 status	U	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE AT WORK AND	ATH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION STREET , 19 , and that in (my) (our) apinion	RRED (ENTER NATURE OF INJU	YES DIRY IN TIEM 18 PART 1 OR PART OWN COUNT 19 ote and haur and from	USES OF DEATH? NO
use as the burial-transit per fealth and Mental Hygiene is marked or Item 18 stars	U	OR CONTRIBUTING CAUSE OF DE LIFETITHER, NOTIFY MEDICAL EXAMINE THE LIFETITH NOTIFY MEDICAL EXAMINE NOTIFY CAUSE CONTRIBUTION OF THE LIFETITH NOTIFY CAUSE CAUSE CONTRIBUTION OF THE LIFETITH NOTIFY CAUSE CA	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F at) view the body after death.	AY YEAR 19 211 LOCATION STREET	RRED (ENTER NATURE OF INJU	YES DERY IN TERM 18 PART 1 OR PART OWN COUNT Total and hour and from	USES OF DEATH? NO IT 2) IT 2) IT 3) IT 4. STATE

23c. NAME OF CEMETERY OR CREMATORY

t, Olivet Cemetery Fr

Trederick, Frederick, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

238. BURIAL, CREMATION, REMOVAL

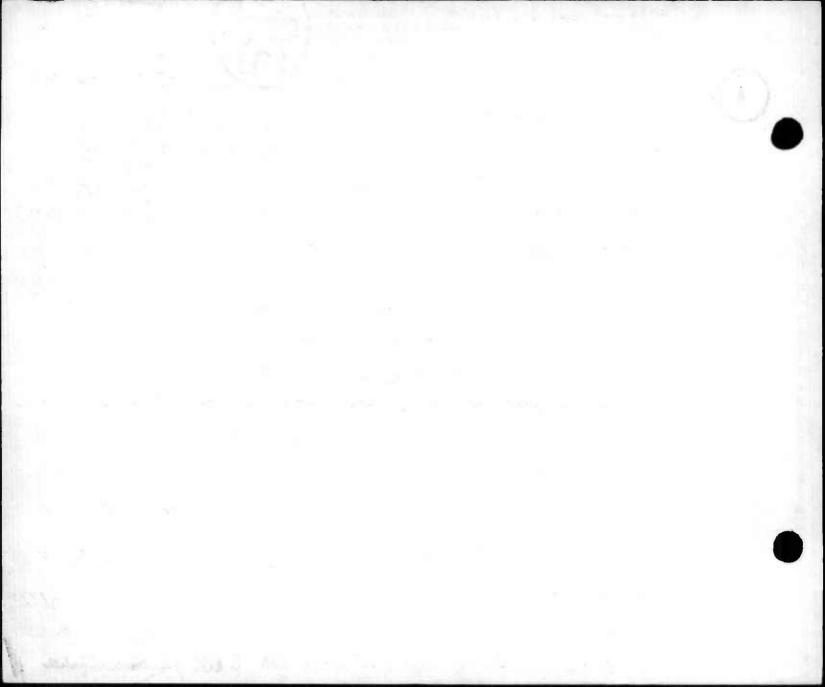
106 East Church St., Frederick, Md. 21701

Burial

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	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Pagined by the hospital or attending physicion.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the limited directions of the limite
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,	S	alteman, Edu	ard Kehne	STATI	OF MARYLAND		
1		FOR STATE			EALTH AND MENTAL HYG	IENE 3	8 3
M	' '	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST OR PRINT)	MIDDLE	t.	AST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
	(,	Edwar	d Kehne	Sa1t	zman	5 3	0 84 3:20AM
(A:)	3. SE	X	4. RACE	5. DATE C			UNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	1	Male	Caucasion	10	14 1913	70 yrs	DATS TOOKS MIN.
2 32 06		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
E 25 80		faryland	U.S.A.	WIDOWE		Frederick Co	ounty, MD.
à 83 9//	10,C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
S of	F	rederick	Frederick Me	moria	1 Hospital	Taxi	Self
hour bein	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
Fill 22			derick Freder		YES XX NO	123 East 8th S	Street/ 21701
The state of the s		THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME	LAST
ba oldm		Louis	Saltzm	an	Grace	MIDDLE	Kehne
execute on the column of the c		VAS DECEASED EVER IN U.S. AR	MED FORCES? IAL SOCIAL SECT	IRITY NO	17 INFORMANT	ADDRESS	
e execu	1	yes, no or unknown) (16 yes, giv	220-05	-6053	Beatrice S	23 E. 8th St., Saltzman, Freder	ick, Md. 21701
te b sicror			ly one couse per line for (a), (b), on				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy		PART I. DEATH WAS CAUSE	D RY		IMMORY ART	REST	
ding brba or re		2041	DUE TO, OR AS A CONSEQU	TNICT OF			
ttend trend an, o		Conditions, if any, which	(b) SEPT		4 WITH .	SHOCK	
he d emo mati		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU	TNICE OF			
by t by t ase r c, cre athe		underlying couse lost			numcytic LE	FUKEMIA -ENDST	70E
gned I		PART 2. OTHER SIGNIFICANT O				INAL DISEASE OR CONDITION GIVE	
The sa	<u>o</u>	RENAL.	INSUPPICIENCY		SASTIMENTANI	TIS, GASTAINTESIT	WAL BLOWNING
beer mit. prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH			20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
he loon.	Ē					YES NO YES	
N. T.	Ü	21a. ACCIDENT WAS UNDERLYING		AV YEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)
ICIAI 9 ph errifi iol-tr intal	3	OR CONTRIBUTING CAUSE OF DEA	(IH	19	l		
HYS his c bur d Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	ADM ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
offer the sthe	٤	MHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.)	100	/ ~	in li
or or see a		22a.1 certify that (1) (this haspi	tal) attended the deceased from_	. 3	- 23 19 ST	_, to	9 that (I) (we) last
TTEN Pital for u		sow the deceased plive on	t) view the body offer death.	04.01	d that in (my) (our) apinion o	death occurred on the date and hour	and from the couses stated
IREC hed cept.		226. SIGNATURE	l d		DEGREE		22c. DATE SIGNED
the Date of the Da		Cullen,	1) husten	-27	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/35/24
O HOSPITAL etained by th TO FUNERAL should be determined to the State MADORTANT: I	1	22d PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS		
TO HOSE etained TO FUNI should b with the		ARTHUR G. UMA	macs, M.D.		GREEN MU	BY CONTER MON	wori Ad. 21770
5 g 5 g g g		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP		tombment	6/2/84 R	estha	ven Mem.Gar	Frederick, Fr	ederick Md
DHMH - 16 50M 4/83	24 E	INSPAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR 256 REGISTR.	
(VRA 15, 4)	C	Douglas Sta	1621 Oposeum uffer, Frederi	ck,Mo	1. 21701 JU	N 8 1000 Like K	ila Mintage
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DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- 1946		1	3	8	1	4
6	REG. NO.					

. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		
Jame		Shafer, Sr.	May 9, 1984
Male	4. RACE White	5. DATE OF BIRTH OCCUM. 18,00 1912 AR	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS. IF UNDER 1 YEAR IF UNDER 24 HBS. MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	The sale Consulting
Frederick	(IF NOT IN SUCH FACILITY, GIVE STRI	ck Memorial Hospit	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Supervisor Tailoring Co
		rick YES NO A	7909 Rocky Springs Rd., 21701
FATHER'S NAME FIRST Lester	Ezrs Shafer		e Forney
60 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE 217910		7909 Person Springs Road nafer, Frederick, Md. 21701
	CONDITIONS CONTRIBUTING TO	O DEATH BY NOT HELATED TO THE THE	erainal police OR CONDITION GIVEN IN PART 1:00 - disease.
210. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NO NO NO NO
OR CONTRIBUTING C AUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK A WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION STREET	CURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2) CITY OR TOWN COUNTY STATE 10 Man 9 19 M, that (1) (
saw the deceased alive a above, (I) (are) (did) (did) (27b. SIG) TUKE			ion death occurred on he date and hour and from the causes stated 22c. DATE SIGNED G MEDICAL STAFF
7	. Chase, Jr., M		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove corbonpapers Pegas with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather troumatic event,

Mith, Keeney and Basforo Tuneral 106 East Church Street, Frederick

Ullyet Cemetery

rrederick, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Mary marial all the			carried preints

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Item 21 is morked or Item 18 shaws any injury, or ather troumatic event, the medical exa

	STA	TE OF M	ARYLA	ND	
DEPARTME	NT OF	HEALTH	AND	WENTAL	HYGI
	CERTI	FICAT	E OF D	EATH	

FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HY	8 4	REG. NO.	3 8	5
1. DECEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
HELEN		MARIE	SH	IAFFER	Mau 5.			8:20 PM
3 SEX	4. RACE		-	OF BIRTH	6. AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Female	Caucas	ian	Mau		85	YRS		
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. ** A A D D IS	D NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
Maryland	U	SA	WIDOW		Frede	erick,		MD.
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OC	CUPATION R MOST OF WORKING	126 KIND C	OF BUSINESS OR
Frederick	Freder	ick Memor	ial E		Homemal			
USUAL RESIDENCE (IF NURSING HOME) 13a. STATE 13b. COL		GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS?	13e STREET ADI	DRESS / ZIP CO	DDE	
Maryland Fre	derick	Frederi		YES X NO		ill Aven		21701
14. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		NIDDLE	LA	51
Charles	A.	Wickles	S	Mary	Ire			emoser
16a. WAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS T	addie Co	ourt.
NO NO	SIVE WAR OR DATES!	212-74-4	921	William E. S	Shaffer	Walker	sville,	Md. 2179
18 CAUSE OF DEATH (Enter	anly ane cause per	r line for (a), (b), and	d (c).)				BETWEEN	ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Sew,	1:TT	1			1-	2 1/ns
4140		R AS A CONSEQUE	NICE OF					
Canditions, if ony, which	(th)	IR AS A CONSEQUE	INCE OF					
gove rise to immediate	10)_	R AS A CONSEQUE	NICE OF					
underlying cause last.	1000 10,0	K AS A CONSCOU	INCE OF					
PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE C	R CONDITION (GIVEN IN PART 1	10
	Ch	anni hu	-	enhaitis				
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH		ON WAS PERFORMED	28a AUTOPS	Y? 20b. IF	YES, WERE FINDI	NGS USED
Ħ.					YES X N		YES YES	NO [
21a. ACCIDENT WAS UNDERLYING	110110		V VEAD	21c. HOW INJURY OCCUP	RRED (ENTER NATUR	E OF INJURY IN ITEM T	IS PART T OR PART 2)	
OR CONTRIBUTING CAUSE OF E	EAIN	,m. month da .m.	YEAR					
OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		ITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	SINEEL				37412
22a.1 certify that (I) (this has	pital) ottended th	ne deceased from _		19 7/	to	44	., 19,	that (I) (we) last
saw the deceased olive	n 5- 5		, o	and that in (my) (our) apinion	deoth occurred o	in the date and h	nour and from the	couses stated
above, (1) (we) (did) (did 22b. SIGNATURE	not view the body	offer death.	/	DEGREE			22c. DATE	ESIGNED
N	120	2001 7		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	1-	7.84
22d PHYSICIAN'S NAME (TYP	OR PRINT)	y enda	~	22e ADDRESS	Z D.Mee lok	· · · · · · · · · · · · · · · · · · ·	13	(2)
Rex Martin	MD			220 North N	Market St	reet. F	red. Md	. 21701
23a BURIAL CREMATION, REMOVA		73, N	NAME OF	CEMETERY OR CREMATORY	123d LOCATK		2041 1241	. 27,01
(SPECIFY)				ivet Cemetery	CITY OR	TOWN	rederick	STATE
Burial	May 8	, 1984 MC		0f - DA	TE REC'D, BY REG			

Frederick, Md.

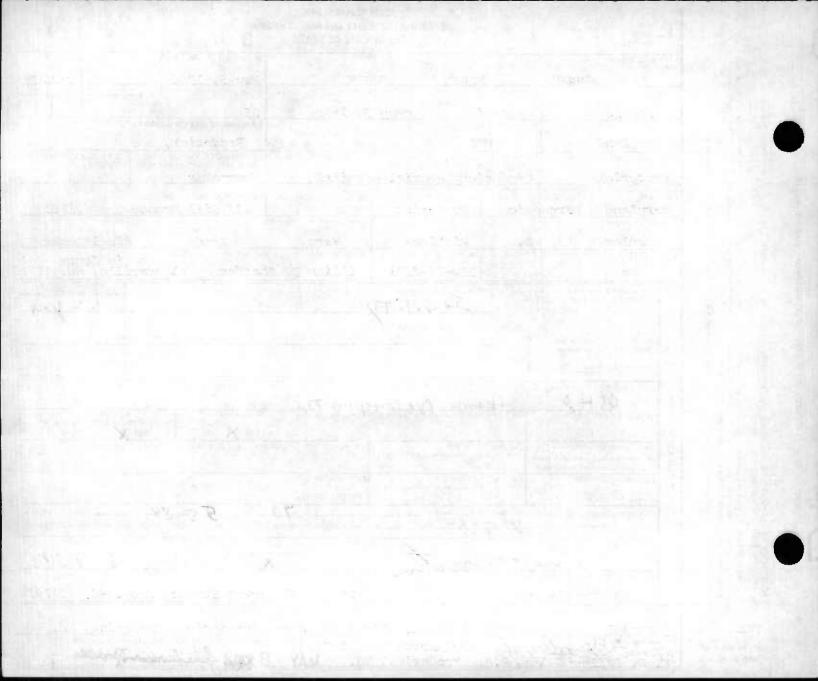
P.A.

DHMH - 16 50M 4/83

etained by the hospital or attending physician.

(VRA 15, 4)

Julia Varidson Pandalle



DHMH - 16 50M 4/83 (VRA 15, 4)

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	3 8 1 6
6 th		CEASED NAME FIRST OR PRINT) Mamie	Margueri te	SHANKLE	May 8, 1984	26. HOUR 11:40 M
	3 SE	Female	4 RACE White	5. DATE OF BIRTH NOV. 17, 1912	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
135		RTHPLACE (STATE OR FOREIGN Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED NORCED DIVORCED	BALTIMORE CITY OR COUNTY Frederick	
by the filled with		TY OR TOWN OF DEATH Frederick	Frederick Men	G HOME OR OTHER INSTITUTION POPELS! Orial Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOMEMAKE?	12b. KIND OF BUSINESS OR INDUSTRY Home
should be	130. S	•	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW Ederick Adamsto	YES A NO .	13e STREET ADDRESS / ZIP CODE	ryland 21710
OC ond 2			ranklin Fola		Elizabeth	Crouse
icion and cers. Pages 19.		VAS DECEASED EVER IN U.S. AF	the war or dates) 217-42-92		4193 Palom ankle, Middletown	ino Lane Maryland 2176 APPROXIMATE INTERVALIT ESTAFEN ONSET AND DEATH
d by the ottending phy lease remove carbonpol ial, cremotion, or remove or other troumotic even		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c)	NCE OF UTINOS DES	et expected	zycoso.
ir. Then plant ion to burn by injury.	MOIL	PART 2 OTHER SIGNIFICANT	Gronic Rtu	DEATH BUT NOT RELATED TO THE TERM LINE AND THE TERM OPERATION WAS PERFORMED	tt	EN IN PART 110
ysicion. icote hos bronsit perm Hygiene pr 18 shows or	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			YING CAUSES OF DEATH?
riol-t riol-t entol	MEDICAL C	OR CONTRIBUTING CAUSE OF DE LIFEITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR 19 211. LOCATION	(ENJER NATORE OF INJURY IN HEW 18 A	ari torpari 2)
After this os the builth and M	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
the hospital of them 21 is m			itol) oftended the deceosed from 198 11 view the body ofter death.	DEGREE ATTENDING	deoth occurred on the state and hou	19 D. T., that (I) Local Ost or and from the couses stated 221. DATE SIGNED 5/1/84
retoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT: If			O. Thomas, Jr.,	MD. Professiona	Building, Frede	10/201
BP	23a. E	urial, cremation, removal ^{SPE} B ürial	May 12, 1984 M	AME OF CEMETERY OR CREMATORY It. Olivet Cemeter	y Frederick, F	rederick, Md.

Math, Keeney and Basford Funeral Home 106 East Church St., Frederick, Md. 21701 250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE.

Coles	diez el mile		of Interior	5,500	
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				M. Misson	
					11.951
	Market Market	VAN DOOR			denggo

11)_	<u>_</u>	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE	3 8 1 7
		١.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
th 3		litre	Aust	in Vernon	Shepley	May 3, 1	184 9 pm
OE CO	1	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BARTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
A C SA		1	Male	Caucasion	01 07 1909	75 YRS.	
Poge I	201		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
de oth	20	M	aryland	U.S.A.	WIDOWED DIVORCED	Frederick Co	
oy the filled with	100		rederick	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) 304 Canberra Ct.	(TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY Retail
24 hours ofter death. iilled in by the functional	35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME C TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 304 Canberra	Court/ 21701
thin	Se l		THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
d wind	101		G. U	pton Sheple	ey Hattie	Virginia	Wachtel
executed and comp	0 /		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	.4	ADDRESS	
Page	medicol	- (res, no or unknown) (if yes, g	578-03-	-5203		
sicior pers.	÷ ÷			only one couse per line for (a), (b), on ED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy n pop	ven		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) Carte	i ettriaris		Byles
that the death certificate by the attending physical ease remove carbon paper of, cremation, ar removal.	umatic		4/00 Conditions, if ony, which	DUE TO, OR AS SONSEQUI	ENCE OF Wardiel wh	auten	
by the or	or other troumatic		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
ed b			DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION GIV	EN IN PART 1(n)
sign hen to be	njury,	Z	PART 2. OTHER SIGNIFICATOR	CONDITIONS CONTRIBUTION TO	DEATH DOTNOT KEERIED TO THE TERM	MITAL DISEASE ON CONDITION ON	EIT IIT ANT IIO
ow res	no //	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
The con.	2	RIF				YES NOT YE	
O HOSPITAL OR ATTENDING PHYSICIAN. The etained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate his houde be detached for use os the burial-transity with the State Deat of Health and Mental Hydis.	E 4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
ding ding ding is ce burice	± /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
atter the	morked or	M	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) STREET	CITORIOWN	100 C
R: Af	E			sital) attended the deceased from	april 19 All	D, to Cylin	19 19 (hot (l) (lost
Spito CTO CTO	21		sow the deceased alive a above, (1) (we) (did) (did-	n Office 19 (not) view the body after death.		death accurred on the date and hou	
OR of hor	# Hea		22b. SIGNATURE	0 ()	DEGREE ATTENDING .	MEDICAL STAFF	22c. DATE SIGNED
by the			1 Cally	J. Aug her	PHYSICIAN &	DIRECTOR PHYSICIAN	1, 4, 4 84
ospi ded b	RTA		226. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
etained be should be should be	MPORTANT.						
F -			URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	rederick, Md.
BP	_		Burial	5/7/84 M	t. Olivet Cem.	Frederick, F	rederick, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial
24. FUNERAL DIRECTOR G.Douglas Stauffer, Frederick, Md. 21701

Mt. Olivet Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURELOR

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. NO	1 3	3 i	8
		CEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26841049
	(1177)		rtha	Boone	Sr	napp	May 2	24, 1984		70 M
	3 SE	X	4 RACE		5. DATE C	OF BIRTH	6 AGE LIN YEARS LAST BIR	THDAY) IF UND	ER ! YEAR	IF UNDER 24 HRS
	Ŧ	Temale	White		MONTH	v 24. 1984		MONTH	DAYS	HOURS MIN.
13/	7a. B	IRTHPLACE (STATE OR FOR		WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF D	EATH	4 1 5
77		USA	USA	1	WIDOWE	D NEVER MARRIED 🔀	Frederick			MD
64	M,C	TY OR TOWN OF DEATH	H 11. NAME OF		IG HOME C	OR OTHER INSTITUTION	128 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Infant		, KIND OF DUSTRY	BUSINESS OR
36	13a :	MD	G HOME OF OTHER INSTITUTION 3b. COUNTY Washington	GIVE RESIDENCE BEFORE 131. CITY OR TOW Rohrers	N	13d INSIDE CITY LIMITS? YES NO 🔀	Rt. 1, Box	342	21	179
8/1	4 F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAST	
2/6	_	Randolph		Snapp		Joan			Phee	
1		WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16h SOCIAL SECU	RITY NO.	Father Rt	. 1, Box 34		rsvil	le, MD
injury, or other troumotic event, t		PART I. DEATH WAS	DUE TO, (o)	Pulmonar Pras A CONSEQUE Perinate OR AS A CONSEQUE OR AS A CONSEQUE	y her				BETWEEN OF	NATÉ MIERVAL NSET AND DÉATH
ry. o		PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART No	
	ON	Prematuri	ty; dysmorp	hic featu	ires					
ows ony	CERTIFICATION	190. DATE OF OPERATIO	DN 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF YES, WER IN CERTIFYING YES		
Item 18 shows	0	21a ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH HOUR A	DF INJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OI	R PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn co	YTAUC	STATE
n 21 is mo			his hospital) ottended to alive on Mark of the hold)t 19 81 and that in (my) (aur) apinion	death occurred on the do			nat (I) (we) last ouses stated
T: # hen	Ŋ.	Wayne		-, M.D.		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F	5/25	IGNED 5/84
MPORTANT: If Item 21 is marked or		WAYNE L.	CROWDER, MI			22. ADDRESS The 1 1475 Taney	Pediatric Ce Avenue, Fre	nter derick,		21701

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

230. BURIAL, CREMATION, REMOVAL (SPECIEV)
Disposal 24 FUNERAL DIRECTOR NAME COMES K. DHMH - 16 50M 1/81 (VRA 15, 4)

5/29/84

The Pediatric Center 1475 Taney Avenue, Frederick, MD 23c. NAME OF CEMETERY OR CREMATORY
Frederick Memorial
Hospital

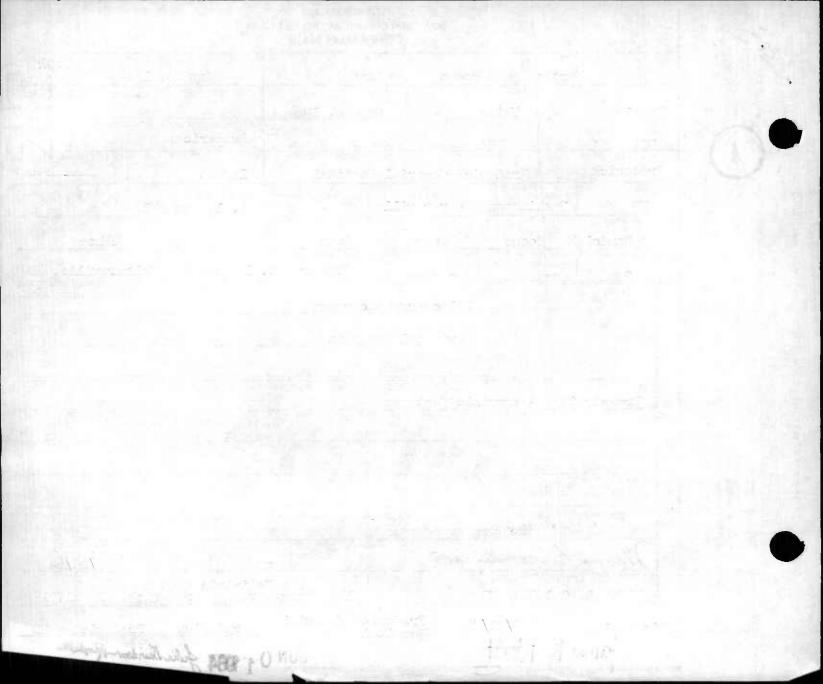
23d LOCATION
CITY OR TOWN
Frederick

STATE

ADDRESS

H'rederick Frederick

250. DATE REC'D. BY REGISTRAR'S SPORTS OF THE PROPERTY O

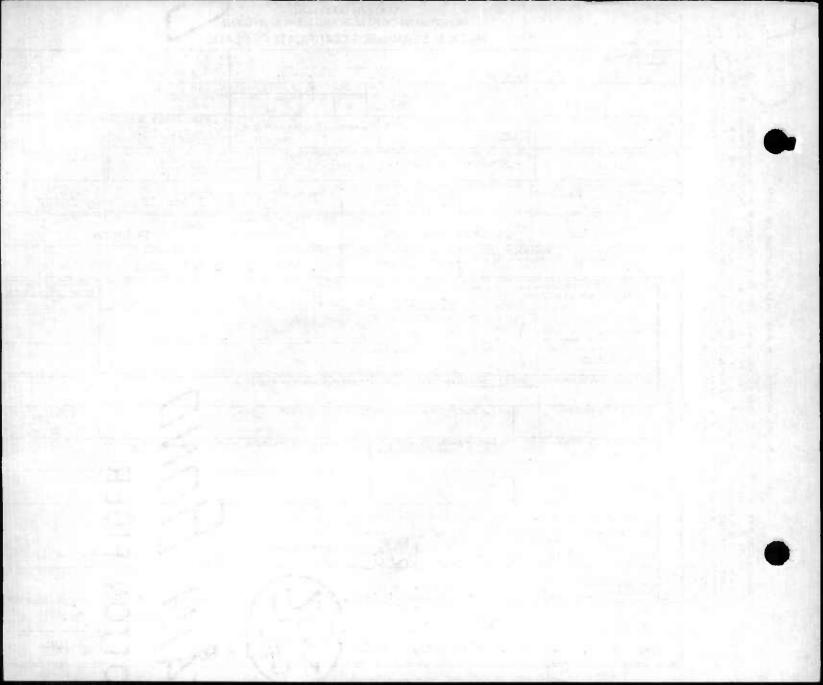


20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO	0.0	0	1	1

	PE OR PRINT)			MIDDLE	LAST		2a. DA	TE KNOWN X	MONTH	DAY YEA
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n sei Mar.	di.	White	5. DATE OF BIRTH	VEAD LACT BIRT			MIN. PRON	ATE OUNCED EAD	5-16-	-84 ₁₀
P	BIRTHPLACE OREIGN COUNTR	Y)	76. CITIZEN OF W		To .	NEVER MARE	RIED 🔲	timore city o	_	
F	reder	ick /	Freder	SPITAL, NURSING HO ACILITY, GIM STREET APPRES I CK MEMOT 18	Hospit		12e. USUAL OC FOR MOST OF Truck	CUPATION (TYP	PE OF WORK 12	2b. KIND OF OR INDU
13e. S	Penna.	Mb. COUN	OR OTHER INSTITUTION, G 1TY	13c CITY OR TOWN Farmingt	J 134 IN	SIDE CITY LIMITS?		DRESS 1 Box 2:	50	915
14. F	ATHER'S NA	xander	MIDDLE Sola	rchick sr			eanor		Talagn	last la
16a. \	WAS DECEAS YES NO. OR UNK UNK.	SED EVER IN U.S. AR, NOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	186-24-64		. Alex	Solarch.	ADDRESS ick SA		
	gave	ians, if any, which rise to immediate (a) stating the <u>under</u> -	DUE TO, OF	terioscleror AS A CONSEQUENC	E OF					
NO	gave cause lying c	ians, if any, which rise to immediate (a) stating the <u>under-</u> ause last.	(b) DUE TO, OF	r as a consequenc	E OF					
TIFICATION	gave cause lying c	ians, if any, which rise to immediate (a) stating the <u>under-</u> ause last.	(b) DUE TO, OF	r as a consequenc	E OF ERMINAL DISEASE OR COM	IOITION GIVEN IN P				20, AUTO
CAL CERTIFICATION	gave cause lying c PART 2 OTHER 19a. DATE (ians, if any, which rise to immediate a) stating the <u>under-ause last</u> .	DUE TO, OF (b) DUE TO, OF (c) CONTRIBUTING TO GEATH 19b. CONDI 21b. TIME O HOUR A.A.	R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TILL ITION FOR WHICH OP OF INJURY W. MONTH DAY YE	E OF ERMINAL DISEASE OR COM ERATION WAS PER 216 HOW IN	IOITION GIVEN IN P.				YES L
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JAN; The law requires that the death certificate be executed within 24 hours ofter death. Page 4 mi	uticate has been signed by the ottending physician and completely filled in by the funeral director, partitioned personal property and 2 should be filed within 72 hours after the content of the content
IAN: The I physician.	F C
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popers. Poges

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and Mental Hygiene or Hem AB show

MEDICAL

should be detached for use as the burial-tra-with the State Dept. of Health and Mental Hy

MPORTANT: If Hem 23 is marked

FOR - STATE STATE OF MARYLAND

DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	3	है है	2 0
e,	Staley	20 DATE OF DEATH MONTH	DAY 7	YEAR 84	26. HOUR
	5. DATE OF BIRTH	6, AGE (IN YEARS LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 244HRS HOURS MIN.

REGISTRAR DECEASED NAME FIRS! (TYPE OR PRINT) PN 3. SEX 4. RACE Female White 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. Maryland Frederick County DIVORCED WIDOWED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O, CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR School School (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memorial Hospital Prederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
133b. COUNTY
1312. CITY OR TOWN 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 252 South Carrolf Street Frederick Frederick YES X Maryland NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE O'Hara Katherine Fry Owen In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INECRMANIA C. Staley ADDRESS South Carroll St. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 214-10-3133 none no Frederick, Md. 21701 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c PART I. DEATH WAS CAUSED BY CRNOCAr IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION

90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

COUNTY STATE 6/8

NOF

22a.1 certify that (1) (this haspital) attended the deceased fram sow the deceased alive on. obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

24 FUNERAL DIRECTOR Th, Keeney & Basford Funeral Home

106 East Church Street, Frederick, Md. 21701

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

and that in (my) (GOr) opinion death occurred on the date and hour and fram the causes stated

224. PHYSICIAN'S NAME (TYPE OF PRINT

Buria1

NOT WHILE AT WORK

27e ADDRESS

804 Toll House Ave. Frederick, Md. 21701

Dr. Austin A. Pearre, Jr. 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY May 10, 1984 St. Lukes Cemetery

DEGREE

23d. LOCATION

Feagaville, Frederick, Md.

YES

NO [

BP. DHMH - 16 50M 4/B2

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FUNERAL DIRECTOR: etained by the hospital

HOSPITAL OR

(VRA 15, 4)

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	atrial at all		ka denorali a	a Tunnous	Rodanien's
lesuth Riozas.	rideo lica		Holoselell	Frederick	basiyasa
egna's	en.	19123	727		nenso
re Morris non-	1. Statey 255 31, 150, 21701		EU18-011	none	C. (1

Surial , ay 13, 19 & 31. timus amore ry Fungaville, secorrigh, 6. onith, coursy a masford suneral love tary 1 d The Lineau Walle in 100 State thurse attent, truncases, so. about

Dr. Jastin A. Pettre, of.

Has Toll Hoone avg. Poderice, ed. 21701

3	FOR Ite	em 18 6-4-84	cn	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE A REG. NO.
(A)	1. DECEASED NAME (TYPE OR PRINT)	Nellie	MIDDLE	Stockman	May 6, 198
La	3 SEX Female	4 RACE	hite	5. DATE OF BIRTH MAY 13, 1895	6. AGE (IN YEARS LAST BIRTHD)

4 IF UNDER TYEAR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Frederick County Maryland U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR O. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Meridian Nursing Home Home Frederick USUAL RESIDENCE TIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 340 West Patrick Street 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Frederick Frederick YES 💢 NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Kate MIDDLE Florence Kline Englebrecht Allen Lewis 620 West Patrick Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Melvin Schwearing LYES. NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES)

	110110	Trecerron, Me. 21/01	
PART I. DEATH WA	(Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (o)	linetor (g) (b), and g) Coronary Occulsion	BETWEEN ONSET AND DEATH -
Conditions, if ony, gove rise to imm	which ((b)_	RASACONSEQUENCE OF THE PORT OF THE PROPERTY OF	20l4-10
cause (o), stoting underlying couse	the DUE TO, O	RAS A CONSEQUENCE OF Alzheimer;	s disposely
PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOXX NO [216 TIME OF INJURY 21c. HOW INJURY OCCURRED 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIEY MEDICAL EXAMINER! 19

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, EACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK

220 | certify that (1) (this hospital) attended the degeosed from and that in (my) (eus) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did not) view the body ofter death DEGREE 22c. DATE SIGNED 22h. SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN ADTRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Dr. Robert S. Hughes MD

230. BURIAL CREMATION, REMOVAL

Burial

700 Montclaire Ave. Frederick, Md. 21701

23c. NAME OF CEMETERY OR CREMATORY

CITY OF LOWN Mt. Olivet Cemetery Frederick, Frederick, Md.

74 FUNERAL DIRECTOR L. Keeney & Basfordon Funeral Home 106 East Church St., Frederick, Md. 21701

May 9,1984

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE relia Davidson

2b. HOUR 5:30

E LINDER 2 L HRS

MD

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNEBAL DIRECTOR

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CERTIFICATION

MEDICAL

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	3	6.00	die

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH 2b. HOUR STUNKLE DATE OF BIRTH IF UNDER LYFAR

DECEASED NAME FIRST	MIDDLE	
THE ONE WITH	Dessie	
7 cmole	Caucasian	5
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	

Frederick

MONTH 93 MARRIED NEVER MARRIED

YES [

WIDOWED

DIVORCED

9 BALTIMORE CITY OR COUNTY OF DEATH

13b COUNTY

Charles

Homewood

MIDDLE

Tuscarora

Bladen

Home

Own

FIRST

FOR

- STATE

REGISTRAR

Stunkle

Elizabeth 17. INFORMANT

Glenn

15. MOTHER'S MAIDEN NAME

16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

uxcarord

Stunkel

Tuscarora. Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stating the underlying

DUE TO, OR AS A CONSEQUENCE OF Atherosckio

2 mino

DUE TO, OR AS A CONSEQUENCE OF

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

TCC411eer	Premiuonia	(2) XV
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORME
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJUR

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CITY OF TOWN

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

211. LOCATION

NO [Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from

COUNTY

saw the deceased alive an above, (I) (we) (did) did not) view the body after death. , and that i pur) opinion death accurred on the date and haur and from the causes stated

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

STATE

Burial

22e ADDRESS

illian O-milke, mil 230 BURIAL, CREMATION, REMOVAL

Union Cemetery

CITY OR TOWN Leesburg

other troumatic

prior

and Mental Hygie

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morked or Item

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ENDING

CERTIFICATION

MEDICAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR

shauld be detached with the State Dept. PORTANT: #

> 24. FUNERAL DIRECTOR 250. DATE REC'D. Home OT Leesburg, Va. N

7 1/2 1844 T . Vi herri i sanc de la companya de Mary Constitution of the C

+		1-	FOR STATE REGISTRAR			DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 4 REG. N	10.	3 3	2 3
20	. 10		CEASED NAME	FIRST		MIDDLE		RAST	20. DATE OF DEATH	MONTH OA	Y YEAR	2h. HOUR
y be	-		Vi	.ctor		Mahlo	n	SUMMERS	May 31,			2 A
ge 4 mo	A)	1. SE	Male		4 RACE Whi	.te		of Birth - 3, 1902 YEAR	6. AGE (IN YEARS LAST OH		ONTHS OAYS	IF UNDER 2
eoth. Pog	25		THPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OI	F WHAT COUNTRY?	8	NEVER MARRIED	* BALTIMORE CITY OF Frederic	OR COUNTY C		
s offer d	R	D	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING HOSPITAL, NURSING LEE Plac	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) ACCOUNTAN	OF WORKING LIFE)	IZLKIND CINDO	mac on
24 hour	35	130. 5	AL RESIDENCE (IF NUR STATE Tyland	136. COU	rother institutio NTY erick	o GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederic	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 516 Lee F			21701
ed within	101	14. FA	John		MIDOLE H.	Summe	rs	15. MOTHER'S MAIDENNA FIRST	MEDDLE		Shaffe	r
oe execu	medical	C	VAS DECEASED EVER YES, NO OR UNKNOWN)	(#FYES, GI	RMED FORCES? VE WAR OR DATES) NONE	214-10-2		17 Mis. Mabel Frederick.		516	Lee Pl	ace
rtificate t	ewent, the		18 CAUSE OF DEAT PART I. DEATH V	WAS CAUSI	nly ane cause po ED BY: TE CAUSE (o)	er line far (3) (b), an	dici.	aula	they		APPROX BETWEEN	WATE INTERVONSET AND D
deoth ce	ion, or r		Conditions, if any	, which	DUE TO, (b)_	OR AS A COLOGUE	12/0	luci	clia	laro	2	100
hot the	ol, cremo		gave rise to im cause (a), stati underlying cous	ng the	DUE TO, (c)	OR AS A CON	12	cullusio	5		10-	lla
equires t	to burio	NO	PART 2 OTHER SIG	INIFICANT	CONDITIONS	CONTRIBUTING TO	VATY BU	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	1
The faw required to a bas been signification.	ene prior	CERTIFICATION	196. DATE OF OPERA	NOITA	19b CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDII ING CAUSES	
AN: T physical	Hys	CER	21a. ACCIDENT WAS UN			OF INJURY A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INSE	JRY IN ITEM 18 PAR	T I OR PART 2)	

P.M

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

NOT WHILE

22e.1 certify that (I) (the despital) ottended the de

saw the deceased alive an above, (I) (we) (cl.d) (did nat) view the bady aft

MPORTANT: If Item 21 is morked or Hughes MD PA 700 Montclaire Ave., Frederick, Md. 21701 Robert 23d LOCATION
CITY OR TOWN
Frederick, 230. BURIAL, CREMATION, 236. DATE 23c NAME OF CEMETERY OR CREMATORY June2, 1984 Mt. Olivet Cemetery Frederick. 14 FUNERAL DISTRIPTANTA, Keeney & Basford Funeral Home 100 East Church St., Frederick, Md. 21701

DEGREE

211. LOCATION

22e ADDRESS

STREET

ATTENDING

MEDICAL

PHYSICIAN TOTRECTOR PHYSICIAN

CITY OR TOWN

STAFF

opinian death accurred an the date and haur and from the causes stated

COUNTY

22c. DATE, SIGNED

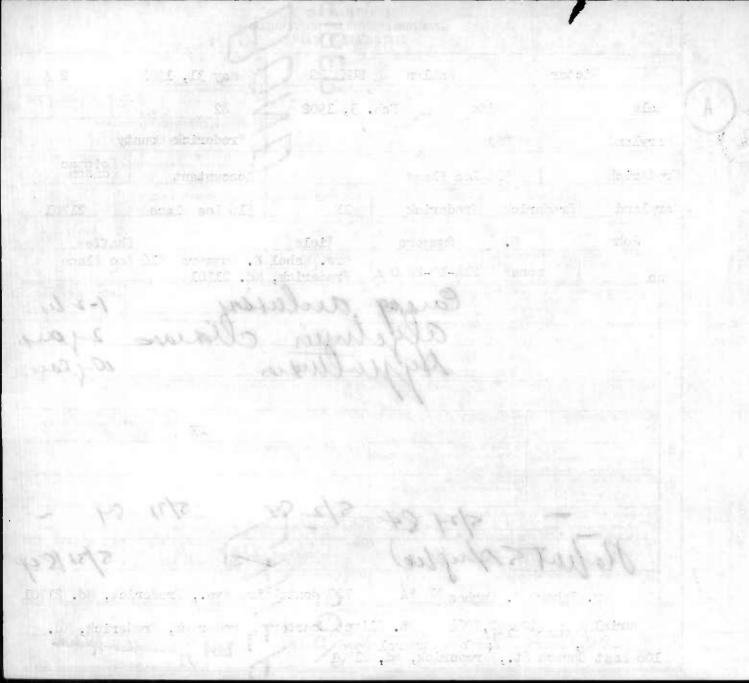
STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this cert should be detached for use as the burial with the State Dept. of Health and Ments

retained by the hospital

BP.



DIVISION OF	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	gr.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital ar attending physician.	B a wow
TO FUNERAL DIRECTOR: After this certificational be detached for use as the burial-invit the State Dept. of Health and Mental	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.	page 3

natified by and

IMPORTANT: If Hem 21 is marked as Hem 18 shows any injury, ar ather traumatic event, the medical exa

STATE OF MARYLAND

REG. NO.		REG. NO.		3	3	2	
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FOR TATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE	3 8 2 4
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Patri	cia Ann	Tavares	May 24,	1984 5 AM
3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
/ Female	Caucasion	Sept. 4, 1937	46 yrs.	
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
Massachusetts	U.S.A.	WIDOWED DIVORCED	Frederick (
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
Frederick	Residence- 17	788 Harvest Dr.	Food Service	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU			13e STREET ADDRESS / ZIP COI	DE
	derick Freder			t Drive/21701
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	, act
Arthur	Tarin		Louella	Sylvia
160 WAS DECEASED EVER IN U.S. AF		JRITY NO. 17. INFORMANT	1788 Hars	vest Drive
(yes, no or unknown) (if yes, gi	024-28-	-9500 Alfred Ta	vares, Frederic	CK, Ma. ZI/UI
PART I, DEATH WAS CAUSE	TE CAUSE (a)	ours of left	tiday	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF		
gove rise to immediate	(b) ·			
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
Z				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OPERATION 21d. INJURY OCCURRED	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITEM TE	B PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DE		AY YEAR		
21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	FARM, ETC) SIREET	CITY OX TOWN	. 0
	oital) attended the deceased from_	, 19_76	1_, to 5/25	, 19 4, that (I) (wa) last
saw the deceased alive or obove, (1) (was (did) (did no	at) view the body ofter death.	ond that in (my) (aux) opinion	n death occurred on the date and hi	our and from the causes stated
226. SIGNTURE	1 Sugle	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/25/18/4
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		1,
		700 Monto	laire Ave.,Fr	ederick, Md.
230 BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY		COUNTY STATE
(SPECIFY) Rurial	5/29/84 R	iverside Cemete		

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Y 3 The Guille Davidon-Randall 1621 Opossumtown Pike G.Douglas Stauffer, Frederick, Md. 2170

carrier of left thereing Caluar Freyles

JL.			3141	E OF MARYLAND			
	,	FOR	DEPARTMENT OF H	EALTH AND MENTAL HYGI	NE	1 *9 53	()
	1-	STATE REGISTRAR	2/201 CERTIF	ICATE OF DEATH	8 AREG. N	1 3 0	Ca 3
B)	1 DEC	CEASED NAME FIRST	MIDDLE L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
H.E		OR PRINT)	001-	TTo C.	Ma	10 04	Q A
1	_		es Oscar	1 nomp son	11/00	20 01	0/1 M
after. p	3. SE		RACE 5. DATE C		AGE (IN YEARS LAST BI	THDAY) IF UNDER I YEA	
a so so		MALE	BLACT IAN	1 1914	110	YRS.	
hou di			CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH	
ang ang		OUNTRY) Md	IN SIA WIDOWE		trace do	mic R	MD.
withir withir	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME O		12a. USUAL OCCUPAT	ION 126 KIND	OF BUSINESS OR
	I	you at one	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	" Test	THE OF WORK FOR MOST) // .	Y
e filed	37	2,6962101	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	HINIZZI	TAPICTU	ECYCHINON!	001
0 1	13a S			13d. INSIDE CITY LIMITS?	3e.STREET ADDRESS	/ ZIP CODE	10/10
ly filled should b		md Ifme	derict traderick	YES S NO 🗆	124 W	BLLS	AINIS 21
20 3/1/	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NAM		***************************************	
and and	1	harles ME	Thompson	MATGAY	MIDDLE	1ha	nn Sou
0 -	16a V	AS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRI	ESS med	ret m
Pages medica		ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR CAROATES) 010-00 142	t D. 7	Ban Va	19/11/01	100 -
0 v 0		MES IMM	# 1219-01-270	Dorothy	Drooks	111 WIAL	L SAINIS
paper paper naval.		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).) BY:	/			NONSET AND DEATH
a physical and a phys		MMEDIATE				1.4	lar
ratic		5829	DUE TO, OR AS A CONSEQUENCE OF	1.11.1.		1.0	40.1
9 9 5 5		Conditions, if any, which	(b) (Irrine /	le pliritie		104	cars
mati r tra		gove rise to immediate couse (a), stating the	Source of the second se			0	
by the ose rer I, crem ather		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
D = 5 0		DART 2 OTHER CICALIERCANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMS	IAL DISEASE OF CON	IDITION CIVEN IN DART	1:
Then project to bu	z	PART 2. OTHER SIGNIFICATOR CO	BOTTONS CONTRIBUTING TO DEATH BOT	NOT KELATED TO THE TERMIN	AAL DISEASE OR COIN	DITION GIVEN IN PART	110
0 - 0 >	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	NI WAS DEDECTOMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGSTISED
	Š	170. DATE OF OFERATION	The Condition of Which Orekano	TY WASTERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
-00	E				YES NO	YES 🗌	NO [
5 C X / /	U	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
			. I HOUR A.M. MONTH DAY YEAR				
	Z E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
Mental Mental	EDICAL		P.M. 19 21e. PLACE OF INJURY	211 LOCATION	CHYORIC	TOHNTY	STATE
buriol-tr d Mental or frem]	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 19	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
buriol-tr d Mental or frem]	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	
S cermin buriol-tr Mental	MEDICAL	If EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 22o.1 certify that (1) (this haspital saw, the deceased alive on	P.M. 19 21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARM, ETC.) 1) oftended the deceosed from	STREET 1930	to Mey	28, 1984	, that (1) (we) last
TOR: After this certifications as the buriol-trace as the buriol-trace the definition of Health and Mental 21 is morked or them 1	MEDICAL	IN EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify thot (1) (this hospitol sow the deceased alive on obove, (1) (welded) (did not):	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) gitsinded the deceosed from 19 Wiew the body ofter deoth.	street W / () 19 5 () and that in (my) (que) opinion de	to Mey	28, 1984 ote and hour and from th	, that (I) (we) lo st e couses stated
DIRECTOR: After this certifiched for use as the buriel-tr Dept. of Health and Mental item 21 is marked or item 1	MEDICAL	If EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 22o.1 certify that (1) (this haspital saw, the deceased alive on	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) gitsinded the deceosed from 19 Wiew the body ofter deoth.	street 1950 1950 1950 1950 DAGREE	, to	28, 1984 ote and hour and from th	, that (1) (we) last
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DIRECTOR: After this certificated for use as the buriol-tr Dept of Health and Mental Hem 21 is marked or them 1	MEDICAL	IN EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify thot (1) (this hospitol sow the deceased alive on obove, (1) (welded) (did not):	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) ottended the deceosed from 19 view the body ofter death.	STREE! J. 19 07) Ind that in (my) (aux) opinion de DAGREE ATTENDING	to	ote and hour and from the	, that (I) (we) lo st e couses stated
DIRECTOR: After this certificated for use as the buriol-tr Dept of Health and Mental Hem 21 is marked or them 1	MEDICAL	If EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHITE NOTIFY HORK AT WORK 720.1 certify that (1) (this haspital saw the deceased alive on above, (1) (well-this) (did not): 771. SIGNATURE	P.M. 19 21e. PLACE OF INJURY IAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 1) oftended the deceosed from 19 wiew the body ofter death.	STREET 1900	to	ote and hour and from the	, that (I) (we) lo st e couses stated
ERAL DIRECTOR. After this certificated detached for use as the buriol-tree State Dept of Realth and Mental ANT: If them 21 is marked or them 1		IN EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22c.1 certify that (1) (this haspital sow the deceased alive on above, (1) (well-field) (did not): 22c.1 certify that (1) (well-field) (di	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) gitsended the deceosed from 19 wiew the body ofter death. O & Ih om A S	DAGREE ATTENDING PHYSICIAN P 12e ADDRESS	. 10	ote and hour and from the	, that (I) (we) lo st e couses stated
TO FUNERAL DIRECTOR: After this certific should be detached for use as the buriol-tr with the State Dept. of Health and Mental IMPOSTANT: If them 21 is marked or them.	23a. E	If EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHITE NOTIFY HORK AT WORK 720.1 certify that (1) (this haspital saw the deceased alive on above, (1) (well-this) (did not): 771. SIGNATURE	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) gitsended the deceosed from 19 wiew the body ofter death. O & Ih om A S	DEGREE ATTENDING PHYSICIAN 12e ADDRESS EMETERY OF CREMATORY	AFDICAL STA DIRECTOR PHYSIC	1984 ote and hour and from the FF CIAN 222. DAT Frederic COUNTY	, that (I) (we) lo st e couses stated
TO FUNERAL DIRECTOR: After this certification of be detached for use as the buriol-transmith the State Dept. of Health and Mental IMPORTANT: If them 21 is marked or them.	23a. E	ITE EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHITE NOTIFY HORK AT WORK 72a.1 certify that (1) (this haspital sow the deceased alive on above, (1) (well-this) (did not): 72b. SIGNATURE WRIAL, CREMATION, REMOVAL SPECIMEN DUNING, REMOVAL	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) gitsended the deceosed from 19 wiew the body ofter death. O & Ih om A S	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS EMETERY OF CREMATORY NEW Zey	AFDICAL STADIRECTOR PHYSIC	128, 1984 ote and hour and from the FF CIAN 220. DAT Frederic VILLE COUNTY VILLE TO COUNTY	, that (I) (we) lo st e couses stated
TO FUNERAL DIRECTOR. After this certification of the property	23a. E	IT EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (weight) (did not): 221. Physician S NAME (11) BLAND S NAME (11) URIAL, CREMATION, REMOVAL	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) gitsended the deceosed from 19 wiew the body ofter death. O & Ih om A S	DEGREE ATTENDING PHYSICIAN 12e ADDRESS EMETERY OF CREMATORY	MEDICAL STA DIRECTOR PHYSIC	128, 1984 ote and hour and from the FF CIAN 220. DAT Frederic VILLE COUNTY VILLE TO COUNTY	, that (I) (we) lo st e couses stated
e hospital or attending physical properties of the post of the properties of the pro	23a. E	ITE EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHITE NOTIFY HORK AT WORK 72a.1 certify that (1) (this haspital sow the deceased alive on above, (1) (well-this) (did not): 72b. SIGNATURE WRIAL, CREMATION, REMOVAL SPECIMEN DUNING, REMOVAL	P.M. 19 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] I) gitsended the deceosed from 19 wiew the body ofter death. O & Ih om A S	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS EMETERY OF CREMATORY NEW Zey	AFDICAL STADIRECTOR PHYSIC	128, 1984 ote and hour and from the FF CIAN 220. DAT Frederic VILLE COUNTY VILLE TO COUNTY	, that (I) (we) lo st e couses stated

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1 -	STATE REGISTRAR			DEPAR	CERTIF	ICATE OF DEATH	TGIENE	REG. N		3 3	2, 0
1. DEC	EASED NAME	FIRST	.1	MIDDLE	· ·	AST	2a DAT	E OF DEATH		DAY YEAR	2b HOUR
(TYPE	OR PRINT)	Doroth	ny Be	rnadett	te The	orpe	М	ay 4.	1984		8:25P M
3. SEX			1. RACE		5. DATE C	OF BIRTH	6 AGE	(IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
Fe	emale		Whi	te	Oct	A		70	YRS.	MONTHS DAYS	HOURS MIN.
	OUNTRY)	FOREIGN	L CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALT	MORE CITY C	R COUNT	Y OF DEATH	
-	arvland	- 1	US	Δ	WIDOWE			ederic	k Cou	ntv.	MD.
	TY OR TOWN OF DEA	ATH	11. NAME OF		SING HOME C	OR OTHER INSTITUTION	12a US	JAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
	rederick		Frede	rick Me	emoria	l Hospital		usewif			maker
U5UA 130. S	L RESIDENCE (# NURS	136 COUN		GIVE RESIDENCE BEF		£13d. INSIDE CITY LIMITS?	13e STRI	EET ADDRESS	/ ZIP COD	E	21201
Ma	ryland		derick	Brunsy		YES NO		02 Eas			1/10
_	THER'S NAME					15. MOTHER'S MAIDEN N					
	FIRST		AIDDLE	LAST		FIRST		MIDDLE	7.1	LA CT	. e. s.
16s V	AS DECEASED EVER		AED FORCES?	166 SOCIAL SE		Nellie 17 INFORMANT		Lelno	66	S M	1 Th
(1	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)		01:04		CD 1	10	202		St.
_	No			578-03-	-9491	Maphis S.	Thor	pe - B	runsw	ick, M	
	PART I. DEATH W	AS CAUSED		Sul	ond (ci.)	chroid 1	homo	whas	عـ	BETWEEN	ONSET AND DEATH
	4300			r as a conseg	UENCE OF)		
	Conditions, if ony, gove rise to im- couse (o), statu	mediote ng the	DUE TO, O	R AS A CONSEG	UENCE OF						
	underlying couse	lost	(c)								
7	PART 2 OTHER SIGN	NIFICANTO	onditions <u>co</u>	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR CON	DITION GI	VEN IN PART 1	0
0											
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES	AUTOPSY?	IN CERTI	S, WERE FIND! IFYING CAUSES ES	
2	210. ACCIDENT WAS UNI	DERLYING	21b. TIME C	F INJURY		121c HOW INJURY OCC	URRED (ENT		RY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING	-	HOUR A.	M. MONTH	DAY YEAR						
O.	(IF EITHER NOTIFY MEDI				19	21f LOCATION					
MEDICAL	21d INJURY OCCUR		21e PLACE (AT HOME STI	REET, FACTORY OFFIC	E, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WE	RK				100	2/		14	Vd	
	220 I certify that (1)				n VCI	ULI, 19	6, to_	5/	7	1901	that (I) (we) last
	sow the decease obove (1) (we)	ed of ve on	view the hody	ofter death	840	nd that in (my) (our) opinio	an death ac	curred on the d	ate and ho	ur and from the	couses stated
	22b. SIGNATURE		10	oner deom.		DEGREE	-			22c DATE	SIGNED
		1	Wega.	W.	U	1) ATTENDING	MEDI	CAL STA	FF CIAN []	5	17/84
		- 2				22e ADDRESS	45			1 /	
1	224 PHYSICIAN'S N	AME (TYPE OF	PRINT)			THE ADDRESS				,	
	224 PHYSICIAN'S N. Wayne A.		4.1	D.		610 - 9th	Ave.	Bruns	wick,	Md. 2	1716
23a B		llgai	4.1		c. NAME OF C			Bruns	wick,	Md. 2	1716

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral shauld be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed within 72 with the State Dept. at Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked at Item 48 shaws any injury, or ather troumotic event, the medical

(VRA 15, 4)

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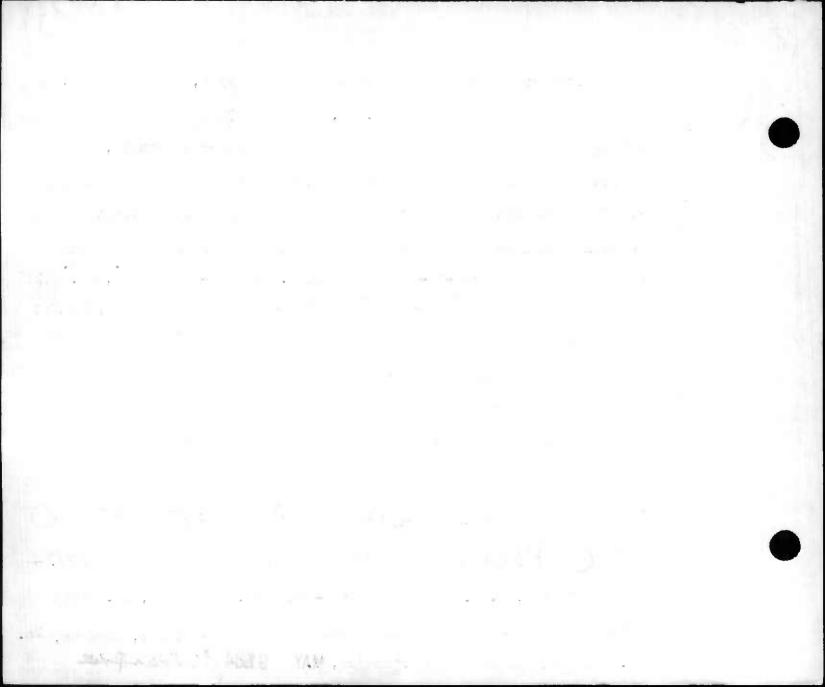
etoined by the hospital ar attending physician

24 FUNERAL DIRECTOR

Williams Funeral Home Brunswick, MAY

250 DATE REC'D. BY REGISTRAR'S SIGNATURE:

9984 Julia Buirdson Rombelli



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4.1	2	3	8	2	1
REG. NO.	8				

	1 -	STATE REGISTRAR		DEPARIN		ICATE OF DEATH	REG. NO	D.	3 8	2. 1	
		CEASED NAME FIRST OR PRINT)	tha nq	Stroh	TR	ENARY Enary		5	DAY YEAR	26 HOU	AM
	1.5E)	Female	4. RACE	te	S. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY) YRS.	MONTHS DAYS	HOURS 1	AIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Penna.		S.A.	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF Frede	_	Y OF DEATH		MD.
2	w/ci	Frederick	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	Hospital	12d USUAL OCCUPATION OF WORK FOR MOSTO Office M	F WORKING LI	12b KIND C INDUSTRY Y.P	G. A	
5	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136. COI Maryland Car	OR OTHER INSTITUTION. UNTY roll	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Mt. Airy	N	YES X NO	13eSTREET ADDRESS			771	
l	I4 FA	Samuel	MIDDLE LOWLY	Stroh		15 MOTHER'S MAIDEN NAM	MIDDLE		kefelle	r	
2		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	577-12-5		William R. St	L			1771 MATE INTER	
		PART I. DEATH WAS CAU 4301 Conditions, il any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	RASA CONSEQUE	NCE OF		NTRICUL APPGE				
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	MODIE.	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI		TH?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER_NOTIFY MEDICAL EXAMIN	NER) P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART OR PART 2)		
70.	MED	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE (AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE-F	211 LOCATION STREET	CITY OR TO	WN	COUNTY	S	STATE	
		220. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	nat) view the bady	19_	34_, 01	nd that in (my) (our) opinian d DEGREE ATTENDING PHYSICIAN M	leath occurred an the do	ate and hou	vi and from the		
1		PRA FULL	E OR PRINT)	NE		22e ADDRESS 3 WEST	7 h ST,		EDER	1001	C _

23a BURIAL, CREMATION, REMOVAL

May 14,1984

23c. NAME OF CEMETERY OR CREMATORY

Pomfert Manor

Northumberland, Pa.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO PUNERAL DIRECTOR, hould be detached for us with the State Dept. of He PORTANT # III

24 FUNERAL DIRECTOR P. AADDRESS Damascus, Md. W

23d LOCATION
CITYOR TOWN
Sunbury, Northumberlan
EC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hours oft with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

e medical exam

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar other traumotic events the

1				OF MARYLAND				
1-	FOR STATE			EALTH AND MENTAL HYG	IENE Q / i		7 8	28
	REGISTRAR	(TUXE)		ST DEATH	O REG.		AY YEAR	In years
	CEASED NAME FIRST Robe:	MIDDLE Allow			20 DATE OF DEATH		AT YEAR	26. HOUR P
			TROXE		May 7,	1984		10:30 M
3. SE)		4. RACE	5. DATE O		6. AGE (IN YEARS LAST I		IF UNDER I YEAR	HOURS MIN.
	Male	White	July	19, 1915	68	YRS.		
	RTHPLACE (STATE OR FOREIGN COUNTRY LAND	U.S.A.	WIDOWE		9 BALTIMORE CITY Freder	or county		MD.
	ty or town of death ederick	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Frederick Me	T ADDRESS)		12a USUAL OCCUPA (TYPE OF WORK FOR MOS Salesma)	TOF WORKING LIFE		F BUSINESS OR
13a. S	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 131. CITY OR TOV ederick Frede	WN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS		Ave.	21701
	Allen	MIDDLE LAST	roxell	15. MOTHER'S MAIDEN NA/ FIRST Grace	ME		IAS	Biehl
16a V		RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) W. W. II 214-10-		17. INFORMANT Mrs. Helen Tr	120	OO Fair	view A	venue
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE	DEATH BUT	~)	INAL DISEASE OR CO	20b. IF YES,	N IN PART 110	NGS USED
RTE		7 216. TIME OF INJURY		111. HOW IN HIP OCCUPA	YES NO	YES		но 🗆
	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	CED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	GRITORPART2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	saw the deceased alive or above, (1) (we) (did) (did no	ot) view the body after death.	, on	d that in (my) (ear) opinion of	death accurred on the	date and hour		
	276. SIGNATURE	uti Praces	4.	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [5/8	3/84
	Dr. Austin	Pearre, Jr., MD.		22e ADDRESS 804 Toll Hou	ise Ave., I	rederi	ck, Md.	21701
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial	May 10, 1981 M	It. Oli	vet Cemetery	Frederi	ck, Fr	ederich	
	Smith, Keeney a		ral Ho	25a. DAT	E REC'D. BY REGISTRA	R 25b. REGISTR		URE

DHMH - 16 50M 4/83 (VRA 15, 4)

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2	FAIR	OI M	WHIL	MIND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CEI	RTIF	CATE	OF	DEATH	

3	REG. NO.	Í	3	3	2	9
	REG. NO.					

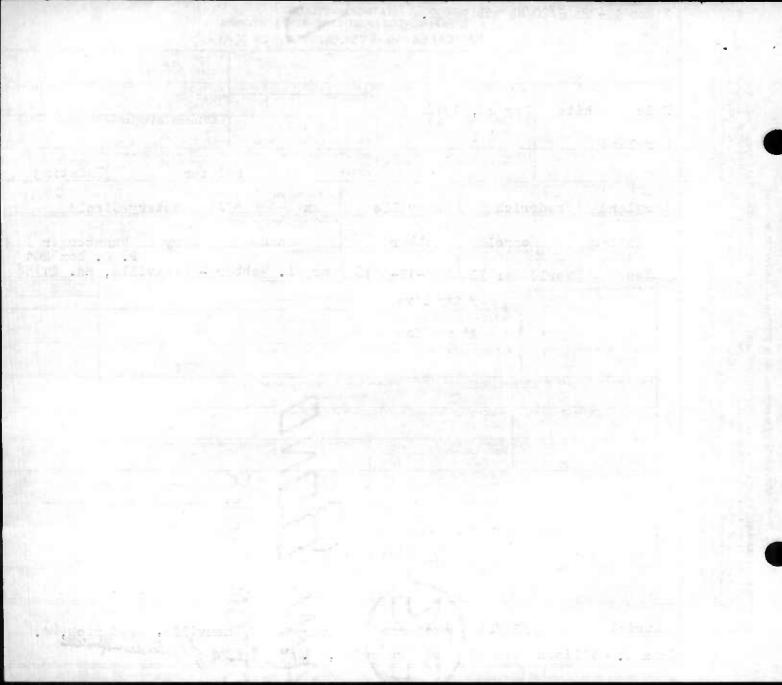
ブ	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL H	YGIENE 8 21 REG. NO	D.	3 3	2 9
		CEASED NAME FIRST OR PRINT) Mehr	le Newton		nter	2a DATE OF DEATH	5-20	-84 J	HOUR
	1 SEX	Male	4 RACE White	5. DATE O	DE BIRTH H DAY YEAR 18	6 AGE IN YEARS LAST BIR	MON		OURS MIN.
2	7a BIF	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	DXX NEVER MARRIED	9 BALTIMORE CITY O	YRS. COUNTY OF	DEATH	
5	6	Maryland	U.S.A.	WIDOW		- I Frank and all	County	<i>y</i>	MD.
7		rederick	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Frederick Me	ADDRESS)		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE)	12b. KIND OF B INDUSTRY Self-	BUSINESS OR Employe
35	13a. S M	aryland Fre	orother institution, give residence before UNITY 13c. CITY OR TOW AGENCY I Jamsv.	/N	13d INSIDE CITY LIMITS?	10052 01		21	754
20	14. FA	THER'S NAME FIRST Walter I	MIDDLE LAST Robert Wach:	ter	Is mother's maiden in First Annie	NAME MIDDLE Luray		Filby	
1		VAS DECEASED EVER IN U.S., ves, no or unknown) [14 yes.	GIVE WAR OR DATES)		Catherine	10052 Wachter,I	Old Na	tiona	1 Pike
		PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	only one cause per line for (a), (b), or ISED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEQUE (c) I CONDITIONS CONTRIBUTING TO	ENCE OF	Line Aner Desine	RMINAL DISEASE OR CONI	DITION GIVEN	392	TE INTERVAL
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS G CAUSES OF	
1		21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ([IF EITHER, NOTIFY MEDICAL EXAMIT	DEATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	Y IN ITEM TS PART I	OR PART 2)	
-	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	- / O	COUNTY	STATE
		220 I certify that (I) this hos	spitol) ottended the disceosed from on 2/2 not) view the body ofter death.		nd that is (m) (our) opinion DEGREE ATTENDING PHYSICIAN	on death occurred on the do	F	d from the cou	
7		22d. PHYSICIAN'S NAME (TYP	//	-	22e ADDRESS	/	2,500		7
H	23c P	URIAL, CREMATION, REMOV	Kaufmann, MD	NAME OF C	EMETERY OR CREMATOR	louse Avenue	Freder	ick, MI	21701
	234. D	Burial Burial			iven Mem.Ga	CITY OR TOWN	ok Ero	doric	STATE McJ
	24. FU	INERAL DIRECTOR		_	25n. D	ATE REC'D. BY REGISTRAR			
	S	tauffer Fune	21 Opossumbown eral Home, Fred	deric	k, Md.	AY 22 ORE	guita Da	ridson-As	Moss

DHMH - 16 50M 4/83 (VRA 15, 4)

ANY COLUMN TO STATE OF THE STAT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAI	execute the certificate, writing the word "Pending" in Pencil in Item 18. Give pages 1, 2, and 3 to the Funeral i	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YC	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN	The second secon
	TO ME	EXECU	PAGE	TO FU	

		EGISTRAR EASED NAME FIRST	7412	MIDDLE	R'S CERTIFICATE OF	KLO.IIP.	ONTH DAY YEAR 2
		OR PRINT)			מממשה	OF ESTI-	
3	SEX	JOHN 14 RACE	5 DATE OF BIRTH	L.	WEBER IF UNDER 1 YR. IF UNDER 2	-	ONTH DAY YEAR 2
			MONTH DAY	YEAR LAST BIRTHDAY)		PRONOUNCED DEAD	
		THPLACE ISTATE OF	May 23.	HAT COUNTRY?		A BALTIMORE CITY OF CO	
77		rvland	USA		MARRIED NEVER MARRIEI VIDOWED DIVORCES		intv
10	CIT	Y OR TOWN OF DEATH	11. NAME OF HOS	SPITAL NURSING HOME, C		28 USUAL OCCUPATION (TYPE OF W	VORK 12b. KIND OF BUSI
	Br	unswick		rking lot - E	Pagle's Club	Painter	Painting
WS.		RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G			3e STREET ADDRESS	21'
			lerick	Knoxville	YES NO	3524 Cemetery	
-	_	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN		LAST
		William	Rossel	Webber	Hannah	4.6	Nunnberger
16	a. W	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECURITY N			. O. Box 20
	(100		d War II	705-12-331	8 Mary L. We	bber - Knoxvil	
F	T	18 CAUSE OF DEATH (Enter a	nly ane cause per line	far (a), (b), and (c).)			APPROXIMATE IN
		PART I DEATH WAS CAUSE	TE CAUSE (a)	atty Liver			
Н		5110		AS A CONSEQUENCE OF			
ı		Canditians, if any, which gave rise to immediate		thanolism			
		cause (a) stating the <u>under</u> lying cause last.		AS A CONSEQUENCE OF			
		tying coose lost.	(c)				
		PART 2 DINER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT HOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART	1 (a).	
012	Ď	IA DATE OF ODERATION					
1	S S	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
	2	210 EXTERNAL CAUSE WAS	21b. TIME O	E INITITIV	21. HOW BINDY OCCURRED		YES 🗌
	2	UNDERLYING OR	HOUR A.M	A. MONTH DAY YEAR	ZIC HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
1 .	Š	CONTRIBUTING CAUSE OF			21f. LOCATION		
	WEL			TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
	- 1	AT WORK AT WORK					
	- 1	220. I certify that Maak char	ge of the remains de	cribed above, held an	Autapsy . Inspection	XX Inquiry , and in a	my apinian
			ral causes K	Accident . Swicid	e	Undetermined manner,	
		death resulted from Natu		// 1	TITLE (SPECIFY)		2747
		1601	111M	The solo			DATE 5-25-84
		death resulted forms Natural ACTUAL SIGNATURE	ewy	Thierty		MEDICAL EXAMINER S	SIGNED J-ZJ-04
		ACTUAL SIGNATURE POPE	ewy	Thiefth	/MGASSISTANT	MEDICAL EXAMINER S	SIGNED
		ACTUAL SIGNATURE EXAMINER'S NAME Denr	ered y		ADDRESS	enn St., Balto.,	SIGNED
	Ba.BU (SP	ACTUAL SIGNATURE EXAMINER'S NAME DENT TYPE OR PRINT) RIAL, CREMATION, REMOVAL	23b. DATE	th, M.D.	ADDRESS	MEDICAL EXAMINER S	SIGNED
23	In. BU	ACTUAL SIGNATURE EXAMINER'S NAME DENT TYPE OR PRINT) RIAL CREMATION REMOVAL			ADDRESS	enn St., Balto.,	Md. 21201



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	REG. NO.	1 3	3	3	
	8	and the	1 3	3	3	

1 -	REGISTRAR				CERTIF	ICATE OF DEA	TH	8 REG	NO.	3 3	3 1
	EASED NAME	THE		AULIN A	EU	VILLA.	P.D	20 DATE OF DEATH	_	11-84	26 HOUR 4:10 AM
3. SEX			ACE		5. DATE C		WEAD IN	6 AGE (IN YEARS LAST		IF UNDER I YEAR	HOURS MIN.
/	Female	-	White		Jun	e 12, 1	.918	65	YRS.		
	THPLACE (STATE OF FOR	resore 7b. C	ITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MAR	RRIED 🔲	9 BALTIMORE CITY			
1	Md.		U.S.	Α.	WIDOWE				lerick		MD.
100.00	TY OR TOWN OF DEAT			HOSPITAL, NURSIN				120 USUAL OCCUP	ATION STOF WORKING LIFE	12b. KIND C E) INDUSTRY	OF BUSINESS OR
and a	Frederick			Prick Me		al Hosp	ltal	housewi	fe	own	home
USUA 11a. S	TATE			Myersvi		13d. INSIDE CITY	LIMITS?	13 9501 ^DHS	rmony	Rd. 2	21773
14. FA	THER'S NAME	MIDD	E	7241		15 MOTHER'S M	_	WE		145	st.
	EDWARD	MIDD		BUSSAF	RD	ALIC	E	MIDDLE		CEARE	70S S
16a W	AS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECU		17 INFORMANT			DRESS	2177	~
N	PAS DECEASED EVER IN ES, NO OR UNKNOWN)	(# 763, 0176 474	n on onico,	219-20-	-4276	Daniel	S.	Willard	Myer	sville	Md.
CERTIFICATION	Conditions, if any, gove rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	which slate C. which slate the last.	DUE TO, O (b)	R AS A CONSEQUE R AS A CONSEQUE DITION FOR WHICH	ENCE OF		THE TERM	MINAL DISEASE OR CO	20b. IF YES	Zen in part In	NGS USED
	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH		OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJUI	RY OCCUR	RED (ENTER NATURE OF II	NJURY IN ITEM IB P	ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE			211 LOCATION STREET	0	CITY OF	RTOWN	COUNTY	STATE
18	220.1 certify that (1) (1) saw the deceased above, (1) (wa) (4) 22b. SIGNATURE	l olive an		5/10/196	9,01	DEGREE		death occurred on the		r and from the	that (I) (and last couses stated
	Dr. Rob	ert S		thes		PHY 22e. ADDRESS		ek, Md.		1	1119
23a. E	URIAL CREMATION, RI	EMOVAL 2	3b. DATE	23c. h	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION			

O PUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

(SPECIFY) Burial May15,1984 Lutheran Cemetery Middletown Fred Md.
4 FUNERAL DIRECTOR
Thompson Funeral Home Middletown, Md. NAY 1 6 184

Tensie | White | June 12, 1918 | 65

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219-20-4296 Dumiel S. Hillard Prescrille, Md.

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Presing Color Pri. 21701

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Burnet . Mard L. 198 a Talkingrap Conet in 12 to Letown Fred, 184.

Person Wageral Lone piddiletown, Md. MAY 1 b Sou

. A. S. S. . M.

FG. Waderieltyersville z 9501 memony Rd. 21723

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. NO.	1 3	ਹੋ	3	
	B. 111		The second second	_

FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 8 3 2
1. DECEASED NAME PRIST DOROTH	Y D.	WILLS	20. DATE OF DEATH MONTH DAY	84 3A M
3. SEX Female 1. R	Caucasian	April 30, 1912	O. ACE THE TENNES ENSI BUTTON	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY) Mary land	USA	MARRIED NEVER MARRIED X	* BALTIMORE CITY OR COUNTY OF Frederick Co	
	NAME OF HOSPITAL, NURSING	SHOME OR OTHER INSTITUTION DDRESS) Memoria (Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHE 136. STATE 136. COUNTY Maryland Frede	13c. CITY OR TOWN	ADMISSION) 13d. INSIDE CITY LIMITS? YES TO [13e STREET ADDRESS / ZIP CODE 420 West Sout	h Street
14. FATHER'S NAME FIRST MIDDI	Wills	15. MOTHER'S MAIDEN NAM	AE MIDDLE LO ADDRESS.	Page
160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) 16 YES, GIVE WAI		il- Mrs. Jane Rockwall,	Shockley 1123 Texas, 75007	South Alamo
18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA	M1.1+1-5	ystem Organ Fo	ilune	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Weeks
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	tic gangrene	left Leg	3 weeks
	erotic hea	EATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVEN	IN PART 10
Arteriosci 190 Date of Operation 4-22-84 210. Accident was underlying	Gangrene	Left (eq		VERE FINDINGS USED NG CAUSES OF DEATH?
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.		ED (ENTER NATURE OF INJURY IN ITEM 18, PARI	I ORPART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
27a.1 certify that (I) (this hospital) a sow the deceased alive an above, (I) (we) (did) (did not) vie	5-4 19 1		to 5 ° 9 19 19 deoth occurred on the date and hour a	
22b. SIGNATURE	ì		MEDICAL STAFF DIRECTOR PHYSICIAN	5-5-84
22d PHYSICIAN'S NAME ITYPE OR PRIM	lin MD	700 Monto	laire Are Fr	rederick MD

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WAPORTANT: If Hem 21 is marked or then 18 shows any injury, or other traumatic events the medical examine must be a contraction.

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours effectived by the haspital or attending physician.

(SPEC Burial

Smith Keeney Basford P. Access Funeral Hon V. 106 E. Church St., Frederick, Md. 21701

8,1984 Frederick Mem.

Frederick Frederick Md. REGISTRAN PERSONAL PROPERTY OF THE PROPERTY OF

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24 FUNERAL DIRECTOR

FOR STATE REGISTRAR	DEPAR	CERTIFICATE	AND MENTAL HYGIE OF DEATH	NE 8 RES. NO.	138	3 3
DECEASED NAME FIRST	WIDDLE	LAST	2	O. DATE OF DEATH MONTH	DAY YEAR 26 H	IOUR
TYPE OR PRINT) RAL	PIT BEATTI	2 ZIMM	ERMAN	5	16 84	920 M
SEX	1 RACE	5. DATE OF BIRTH	6.	. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UN	NDER 24 HRS
2 Male	Caucasion	July 5	, 1909	74 y	MONTHS DATS HOU	RS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8		BALTIMORE CITY OR COL		
Maryland	U.S.A.	WIDOWED	DIVORCED [Frederick	County	MD.
	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE			20 USUAL OCCUPATION	IZE KIND OF BUS	SINESS OR
Frederick	Frederick M	lemorial H		(TITE OF WORK FOR MOST OF WORK	III DOSTRI	
SUAL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	SIDE CITY LIMITS?	3e.STREET ADDRESS / ZIP	CODE 2179	3
		rsvilles		8813 Fount	. 4113	oad
FATHER'S NAME	MIDDLE LAST	15. MOT	THER'S MAIDEN NAME		LAST	
	M. Zimme	rman	Myra	Beattie	Heberl	iq
WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFO	ORMANT	ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, GIVE	578-03	-5264 Kat	thleen Zi	8813 Fount	lkersville	, Md.
18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED				0 0	APPROXIMATE BETWEEN ONSET	
	E CAUSE (0) Masel	re palus	oracy e	mbolesu	1	
Lillia			1			
77110	DUE TO OP AS A CONSEC					
Conditions, if ony, which	DUE TO, OR AS A CONSEO	10- back	se andi	c ancuns	M 5/8/54	,
Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) Rescor	10 Lacr	अ वर्गा	c aneury s	m 5/8/54	<i>'</i>
gove rise to immediate	DUE TO, OR AS A CONSEO	UENCE OF	ostale	c assernes	m 5/8/54	
gove rise to immediate couse (a), stating the underlying couse last.	(b) Rescent	e pro	oslobe pared to the Termin	ALL DISEASE OR CONDITION	N GIVEN IN PART 110	
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CERTIFICATION

MEDICAL

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FUNERAL DIRECTOR CRTANT 0 BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

